JULY • AUGUST 1962

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AN INTERDISCIPLINARY JOURNAL FOR THE PROFESSIONS SERVING CHILDREN

Youth's Need for Challenge

Order in the Court

Teenagers and Venereal Disease

Education of Pediatric Nurses

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BLARING AWAY on their trumpets, the members of this high school band have a chance not only to blow off excess energy but also to attain the satisfaction of participating in an activity which calls for cooperation and competence.

Providing young people with opportunities for building up self-esteem through a sense of competence is one of the first obligations of adults and of adult institutions which are concerned with youth, according to the lead article in this issue.

A member of the National Committee for Children and Youth, Roy Sorenson has had 40 years of experience in work with young people. Beginning as boy's work secretary in the Milwaukee YMCA, and later serving for 19 years in various capacities on the staff of the National Council of YMCA's, he went to his present position in 1946. He is chairman of the California Governor's Commission on Metropolitan Problems and a trustee of the Rosenberg Foundation.

After graduating from the University of Michigan Law School, William T. Downs went into the private practice of law and later became a judge of probate with juvenile court jurisdiction. In his present position with the State supreme court, he is assigned to probate and juvenile courts. He is on the Michigan Youth Commission.

A shift in careers during the depression of the thirties, from foreign language teaching to social work, led Celia S. Deschin first into family casework in New York, then into teaching in schools of social work here and in Canada, in welfare agencies, and in medical schools, and eventually into research. With her master's from the New York School of Social Work and her doctorate from New York University, she is now directing a study of suburban life.

With a master's degree in social work from the University of Missouri, Alice Hornecker supervises the field-work of students from the university's school of social work. She was a child welfare worker in a local public welfare department before assuming her present position with the State welfare department in 1956. Prior to going into social work, she taught in elementary and secondary schools in rural areas.

A graduate of Vanderbilt School of Nursing and of the Harvard School of Public Health, Dorothy E. Johnson has been teaching pediatric nursing for nearly 20 years. After 5 years on the faculty of Vanderbilt, broken by a year's interlude on the staff of a local health council in Georgia, she joined the faculty of the University of California at Los Angeles. In 1955, she took a year's leave to go to India with an ICA mission as an adviser on pediatric nursing.

Elizabeth Herzog joined the Children's Bureau in 1954. Her previous experience had included research in social work, studies in cultural anthropology, and conduct of opinion and attitude studies for the Office of War Information. Among her many publications are a number concerned with the application of research methods to social work and social problems.

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The implications for adults and adult institutions of . . .

YOUTH'S NEED FOR CHALLENGE AND PLACE IN SOCIETY

ROY SORENSON

General Secretary, YMCA of San Francisco

TODAY adolescents are having to find fulfillment of their development needs in a brand new kind of society. For this there are no road maps. This is why it is so hard for adults to understand and so easy to misunderstand. We misunderstand youth, for example, when we seek to swallow up the adolescent too soon into the adult "establishment"; when we want to transform him too quickly from a critic *of* the system into a complaisant apprentice *in* the system.

Here lies one danger: that as eager but unperceptive adults, insensitive perhaps even to what youth *is* in today's culture, and incapable therefore of knowing what youth's needs *are*, we in effect refuse to "let youth be young" and hasten the demise of what Edgar Friedenberg calls in his aptly titled book, "The Vanishing Adolescent." [1]

Another danger lies in the opposite extreme: unwillingness to recognize the capacities of adolescents for responsibility and reluctance to provide challenge and place for them. Thus we tend either to keep young people children or to try to prematurely make them adults. How can we treat them as youth? It is difficult, even for professionals working with adolescents, to understand youth in our times. To do this we must understand the nature of adolescence; what some of the stresses for youth today are; then the basic needs which derive from these stresses, as youth interacts with its culture and ours; and how youth copes with itself and with us, or to use the current term—the *youth subculture*. Only then can we see the implications which are here for adults who work with youth.

Adolescence is much more than one rung up the ladder from childhood. It is a built-in, necessary transition period for ego development. It is a leave-taking of the dependencies of childhood and a precocious reach for adulthood. An adolescent is a traveler who has left one place and has not reached the next. Erik Erikson calls adolescence a "psychosocial moratorium." [2] Edgar Friedenberg says that ". . . adolescence *is* conflict—protracted conflict—between the individual and society" [1] essential for learning the subtle and precious difference between self and society. Kasper Naegele speaks of it as an "intermission between earlier freedoms . . . and subsequent responsibilities and commitments . . . a last hesitation before . . . serious commitments concerning work and love. . . ." [3]

This "last hesitation" is turning out in America to be almost a decade—unprecedented anywhere in time or place. It is being lived through by 20 million human beings in the United States today. Their number may be doubled by 1970.

Based on an address presented at the Joint Conference on Children and Youth, sponsored by the National Committee for Children and Youth, the Federal Interdepartmental Committee on Children and Youth, the Council of National Organizations for Children and Youth, and the National Council of State Committees for Children and Youth, Washington, D.C., April 10–12, 1962. The full text of the address is being made available in pamphlet form by the National Committee for Children and Youth, 1145 19th Street NW., Washington 8, D.C., at 35 cents a copy, with a 20-percent deduction for quantities of 100 or more.

The joy of helping a child shines through the face of the teenage hospital volunteer shown here encouraging a young polio patient to use his hand, as a physical therapist looks on.

There is no good term to use for this period between childhood and adulthood. Each of the words we use is not really satisfactory, probably the result of our own state of confusion and unease when we speak of youth. "Adolescent" seems pedantic. "Young person" is too poor in connotation to be useful. The catchword "teenager" is apparently here to stay, but has a patronizing if not derisive sound. I like "youth," but this has been loosely used to include children and young adults. (In fact, most "youth-serving" organizations deal chiefly with children.)

Whatever term we choose to apply when we speak of this transitional phase of life, we must all agree with Erik Erikson that, "in no other stage of the life cycle . . . are the promise of finding oneself and the threat of losing oneself so closely allied."[4]

Stress Factors

To understand youth and adult institutions in this decade, we need to see adolescents on what Reuel Denney has called "a wider screen," the cultural milieu within which they struggle for identity and meaning.

The *nature of American society itself* in this century of turmoil, transition, challenge, and danger—the sheer scale of population and the magnitude and complexity of organization—offers both opportunity and difficulty to youth.

One of America's dominant values has been called by Talcott Parsons "instrumental activism," a concept of individual commitment to building a good life for the individual and for mankind. This is not a doctrine of passive adjustment to conditions, but one of active adaptation. It holds that society is meant to be developing in the direction of improvement through the autonomous initiative and achievement of individuals. In so evolving, modern society puts greater rather than lesser demands on its average citizen, who must operate in ever more complex situations than before. He must exercise progressively higher levels of competence and responsibility. Society's augmented demands tend to outrun the development of individual capacities. Here is a major source of unrest and anxiety, especially for youth who are "activistic," impressed with the importance of future responsibilities, and at the same time frustrated by lack of influence and power.

In this light, Talcott Parsons says:

> The current youthful indictments of the present state of our society may be interpreted as a kind of campaign position, which prepares the way for the definition of their role when they take over the primary responsibility, as they inevitably will.[5]

The *pace of social change* is a major stress affecting both youth and adults and the relations between them. Unrestrained and undirected technological change pervades all areas of life.

Says Kenneth Keniston:

> . . . a society changing in the way ours is, greatly increases the unpredictability and uncertainty of the life situation shared by all members of any generation. In almost every other time and place a man could be reasonably certain that essentially the same technologies, social institutions, outlooks on life, and types of people would surround his children in their maturity as surrounded him in his. Today . . . our chief certainty about the life situation of our descendants is that it will be drastically and unpredictably different from our own . . . all technologies, all institutions, and all values are open to revision or obsolescence.
>
> This alters the relationship between the generations . . . the past grows increasingly distant from the present . . . the future, too, grows more remote and uncertain . . . the present assumes a new significance as the one time in which the environment is relevant, immediate, knowable . . . the relations between the generations are weakened as the rate of social innovation increases. The wisdom and skills of fathers can no longer be transmitted to sons with any assurance that they will be appropriate for them . . . most affected are youths in the process of making lifelong commitment to the future . . . the young are most immediately torn between the pulls of the past and the future. Reared by elders who were formed in a previous version of society, and anticipating a life in a still different society, they must somehow choose between competing versions of past and future.[6]

The impact of social change suggests the next stress: the *discontinuities between age groups and generations.* The generation gaps are in time, be-

tween one mature generation and the next; but age group gaps are between different ages at the same time. Bruno Bettelheim suggests, "It may be that the problem of generations is what gives us adults so much trouble, and not the problems of adolescence or youth." [7]

Kenneth Keniston observes:

> . . . young people frequently view the more public aspects of adult life as empty, meaningless, a rat race, a future treadmill; only in private areas can meaning and warmth be found. Childhood contrasts sharply with this image; childhood is seen as . . . a time for the full employment of one's talents and interest . . . when imagination is given free play, and life has spontaneity, freedom, and warmth. Adulthood obviously suffers by comparison, and it is understandable that those who are being rushed to maturity should drag their feet if this is what they foresee.[6]

As Kasper Naegele has put it, "Suspended between a 'no longer' and a 'not yet,' youth is forced to balance continuity and discontinuity." [3]

This fact decreases the availability of adult exemplars. Even the most well-intentioned parents who, in more stable times would have been excellent models, cannot now hope to be complete exemplars for their children's future. Other adult exemplar roles are also indistinct. Many officials (teachers, guidance people, police, agency staff members), not to mention "non-officials" (disc jockeys, editors), confuse youth, and fail to give them a clear and disciplined way of facing themselves and the world.

There is also general *adult uneasiness toward youth*, which pervades our society.

Edgar Friedenberg suggests that—

> There is obviously something in adolescence itself that both troubles and titillates many adults . . . evokes in adults conflict, anxiety, and intense hostility . . . fear that the adolescent will get out of the adult's control and may also throw out of control situations in which the adult is involved. . . . Adolescent spontaneity frightens and enrages [them] . . . Fear of disorder, and loss of control; fear of aging, and envy of the life not yet squandered—these lie at the root of much adult hostility to adolescence.[1]

Bruno Bettelheim observes that—

> Many if not most adults have an emotional need for children and enjoy bringing them up . . . once childhood is past, however, the picture changes . . . most parents have little emotional need . . . for a youth striving to be free of its elders.[7]

Kasper Naegele puts it this way, ". . . our youths have come to receive the harsher side of our values, while our children receive the gentler." [2]

I suspect that a large proportion of youth workers and agency board members feel similarly about adolescents and so settle for the emotionally satisfying delight of serving children.

A major stress for youth stems from their *lack of place or role in our society.* They are without a share of the work of the community. They are too young to marry; largely excluded from employment; they do not participate in elections; there is no presently effective way for them to take part in the political, commercial, financial, or cultural aspects of the community. In a recent speech to the National Association of Secondary School Principals, Franklin Patterson of Tufts University said:

> . . . youth are passive students, consumers, dependents, and bored observers of the adult rat race. . . . Increasingly, we have placed youth in a social vacuum with nothing to measure themselves against except standardized academic achievement scores and peer standards that are evoked by advertising, consumer persuasion, and the disc jockey.

Another stress for youth is the *vacuum of challenging social goals* in our affluent, status-quo, defensive society. This is crucial for adults to understand.

Ours is not an age of dreams, visions, utopias, or large-range goals. If we of the older generation have lost our dreams, those of the younger generation are lost without them. Bruno Bettelheim says:

> The buoyancy of youth is fed by the conviction of a full life to come, one in which all great things are theoretically attainable. But one cannot believe in the good life to come when the goal is suburbia. One cannot realize one's values by climbing the ladder of the business community, nor prove one's manhood on the greens of the country club. . . . Neither our conviction that the West is declining nor our fear that atomic destruction will wipe man from the earth . . . offers much hope for assertive self-realization, now or ever . . . youth does not create its own cause for which it is ready to fight. All it can do is to embrace causes developed by mature men . . . age provides the direction but youth the leadership and fighting manpower.[7]

David Riesman says that youth needs the challenge of adequate social goals. He points out that "throughout Western history, men have imagined that collective as well as individual life could be better or, at least less bad." [8]

What are adequate social goals for an age of plenty? What new vision can give meaning to life? To Riesman, a vision of "a viable and conceivable society" to achieve individualistic values seems essential to the problem of meaning for life. This vision, he warns, must not become "fanaticism in pursuit of Utopian goals" nor an "intellectual swindle for True Believers." Adequate social goals, he asserts, must be "more than piecemeal and ad hoc" objectives, and also be bigger than short-run aims in a game with the Russians. He suggests that "immense and far-reaching changes in men's hopes and desires" are necessary to create a better world.

How do we stimulate what Riesman has called "the almost atrophied power of ordinarily unreflective people to think about a better society?"

Focal Problems of Youth

So adolescents, in search of self and meaning, live in an age and a society full of built-in stresses. The blend of adolescence itself and these stresses has produced some focal problems for them.

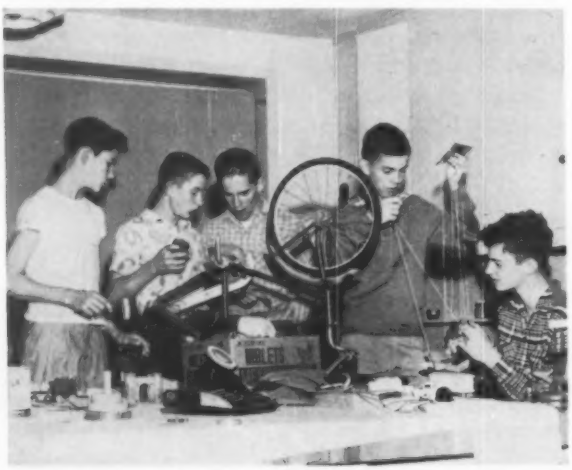
It is dangerous to generalize about any large population, especially youth. Says Reuel Denney:

> Youth can be so different from itself, as it moves from role to role, that it still maintains, even in a society devoted to publicity, a great capacity for concealment. This masquerade, and the range of youth, and the pace of change, make it difficult to generalize about the young.[2]

However, some focal needs do stand out for large sections of youth.

1. First is the *problem of identity.* Benedict, Erikson, Friedenberg, Block, Niederhoffer, and many others have stressed meeting the crises of identity as the first task of adolescence in a society which defines youth ambiguously. The term "identity formation" is used in our day with faddish ease but it is a complicated process. It is essentially the creation of an inner sense of sameness and continuity, a unity of personality felt by the individual and recognized by others, a knowing of who I am. Crucial for all, it meets its crises in adolescence. Erik Erikson says, "The prime danger of this age, therefore, is identity confusion . . . . In youth ego strength emerges from the mutual confirmation of individual and community."[4]

Toymaking in a YMCA shop gives these boys a chance not only to exercise their mechanical aptitudes but to attain the satisfactions of doing something for others.



Kenneth Keniston observes that, "socialization is the main problem in a society where there are known and stable roles for children to fit into; but in a rapidly changing society like ours, identity formation increasingly replaces socialization in importance."[6]

2. Related to self-identity is the *problem of self-esteem.* Edgar Friedenberg says:

> In adolescence, self-esteem is a crucial problem. There is as yet little experience to base it on. . . . The adolescent building his appraisal of himself is therefore extremely vulnerable to the feelings and judgments expressed by the persons and institutions of his immediate environment. . . . Adolescents lack *reserves* of self-esteem to sustain them under humiliating conditions . . . Adolescents are dreadfully concerned about society's appraisal of them and of their worth . . . They cannot easily assimilate an attack on their dignity or worth, for it produces not merely resentment but intense anxiety. The self is threatened while still ill-defined and in its early stages of construction. . . .[1]

3. A resulting problem for many youth is *alienation.* This is a term used frequently in connection with delinquency: alienation from parents, school, middle-class values, the community; alienation resulting from status deprivation; and alienation fed by hostility of adults and adult institutions. But delinquent or bohemian extremes of alienation are not the only forms. Some of our elite youth display signs of alienation from, and describe as alienated, the overstandardized man of their day. They are alienated from their parents' conception of adulthood. Thus alienation compounds the problems of adolescents by still further limiting the encounters with adults essential to clarification of identity.

4. A fourth focal problem is the prevalence of *privatism.* Here youth shares a response to the times in company with many adults. "Privatism" (a word used by David Riesman) is the cultivation of private experience, a pursuit of values least involved in the wider society and most manageable and controllable. Fun and peer pursuits should of course play a large part in adolescent life, but in privatism they hold an exclusive place. An extreme value is put on personal satisfactions, the hedonism of the moment, the refusal to consider future consequences or past commitments. Future and past disappear and only the intense present is sought. Privatism is a cult of experience. Yet privatism is a willful limitation of vision, fails to strengthen identity and self-esteem, and leaves unmet the hunger for meaning, purpose, and direction.

5. The fifth focal problem is the *lack of commitment to adult values and goals.* Kenneth Keniston puts it this way:

> . . . a surprising number of apparently ambitious young people see . . . the adult world into which they are headed as a cold, mechanical, abstract, specialized, and emotionally meaningless place in which one simply goes through the motions, but without conviction that the motions are worthy, humane, dignified, relevant, or exciting. Thus, for many young people, it is essential to stay "cool"; and "coolness" involves detachment, lack of commitment, never being enthusiastic or going overboard about anything. . . .[8]

There is general apathy before world problems of great magnitude. This, says Keniston, is due to "the feeling of public powerlessness, the emphasis on the private and immediate aspects of life, the feeling of disengagement from the values of the parental generation," and to real anxiety when thoughtful people "contemplate their own helplessness in the face of social and historical forces which may be taking the world to destruction." Keniston adds:

> In a generation as in individuals, the conviction of powerlessness begets the fact of powerlessness.
>
> For few young people are deliberately cynical or calculating; rather, many feel forced into detachment . . . because society seems to offer them so little that is relevant, stable, and meaningful. They wish there were values, goals, or institutions to which they could be genuinely committed. . . . It is ironic that this generation, which is better prepared than any before it, which knows more about itself and the world and therefore is in a better position to find those points of leverage from which things can be changed, should feel unable to shape its own destiny in any public respect . . . an alienated generation seems too great a luxury in the 1960's.[9]

The Youth Subculture

Always ingenious, youth has contrived its own world, or worlds, of unique special subcultures. They are essentially devices, mechanisms, inventions of teenagers to meet and cope with their condition of life in our society. Teenage culture is a variegated complex of values and behavior patterns, contrivances which provide the means for testing one's self, for reconnaissance, for searching for identity, ego survival, and growth, for meaning and self-esteem, for coping with alienation, adult hostility, and societal forces, and for resolving the discontinuities between childhood and adulthood, on the one hand, and bridging the gap between the generations, on the other. Adults should be thankful for youth's ingenuity and less judgmental as to its forms.

Keniston calls the youth culture:

> . . . a kind of way station, a temporary stopover in which one can muster strength for the next harrowing stage of the trip. The youth culture is becoming more and more important in our society at present and involves a greater and greater part of their lives . . . it has roles, values, and ways of behaving all its own; it emphasizes disengagement from adult values, sexual attractiveness, daring, immediate pleasure, and comradeship in a way that is true of neither childhood nor of adulthood. . . . [It] is not always or explicitly anti-adult, but it is belligerently *non*-adult.[9]

Jessie Bernard points out that not all youths participate in the teenage culture: 4½ million are in the civilian labor force, more than a million are married; 900,000 are in military service. Thus about 6½ million out of the 19 million teenagers "are chronologically, but not necessarily teenagers. They are neophytes in the adult culture . . . expected to perform adult roles in adult dress." But in the younger years practically all youth, regardless of class, are in the teenage culture. And, according to Dr. Bernard, the phenomenon appears to be moving downward in age.[10]

Space permits only the briefest mention of some of the features: special language, clothes, performing idols, teenage magazines, and tribal customs of early dating, going steady, and meeting at hangouts. But there is no monolithic youth subculture. There are important variations between middle-class and lower-class urban, between urban and rural, and between younger and older adolescents. There are submotifs in the American teenage cultural mosaic and in different parts of the world. Joseph Himes described a Negro teenage culture, Robert Bealer and Fern Willits highlighted rural youth, David Boroff characterized a Jewish teenage culture, Francis Ianni portrayed an Italo-American teenager, John Barron Mays characterized a teenage culture in contemporary Britain and Europe, all in *The Annals* for November 1961, published by the American Academy of Political and Social Science. In the Winter 1962 *Daedalus*, journal of the American Academy of the Arts and Sciences, there are perceptive articles on Japanese youth by Robert Jay Lifton, youth in France and the United States by Laurence Wylie, and on Soviet youth by George Sherman.

The varieties reveal differences in the nature of the stresses and the corresponding variations in the responsive attitudes and behavior of youth. But the variations tend to strengthen and illuminate the broad contours of the universal phenomenon: industrial society's teenage culture as an interlude, a sort of *rite de passage.* As Francis Ianni points out, the forms change over time, each form being what L. L. Bernard called " 'transitory behavior'—scarcely established as a pattern before it changes again."[11]

No feature of the youth culture is as central and as universal as the *peer group.* "To learn how to exist in a society independent of his parents," says

Ira Reiss, ". . . [the young person] transfers his dependence to his peers and strives to learn from them the secrets of entrance into the adult world." [12] Peer relations is the area least under adult control. Youth, as Reiss has pointed out, has also shown adaptiveness in working out its sexual codes.

The broad band of teenage peer culture, its variations, as well as its extremes, are means for coping.

As Reuel Denney suggests:

> In certain ways, modern American young people seem to walk on eggs more than any generation in the 20th century. Their talent for the "delayed reflex" may prove to be one of our main resources in the coming culture and politics of the nuclear age.[8]

Implications for Adults

What does all this imply for adult institutions? Can we do more things or different things to provide challenge for this generation of youth?

There are things we might do, if we do them sensitively and imaginatively; if we do them as enrichments to the teenage culture rather than as assaults upon it; if we do them in a spirit of experimentation, as learners with youth in a common search for meanings. Here are six areas of challenge for youth which adult institutions might foster:

1. The *challenge of competence* in self-fulfilling activity. "Competence is the foundation of autonomy." says Edgar Friedenberg. "In adolescence it it is almost a religion . . . ." [1]

Many fruitful areas of experience requiring disciplines of competence are not accessible to young people acting on their own. A variety of artistic, athletic, intellectual, and mechanical resources can have meaning for adolescents. Skiing, pack trips, sailing, bowling, ice and roller skating, creative writing, drama, music, the graphic arts, intellectual inquiries, hi-fi and radio building, mechanical work on cars, are just a few examples. What is important here, of course, is not the activity itself, but the stimulus to competence which it provides, along with the contributions to self-identity which come with sharing a common reach and respect for competence. Thus, we must offer not leisure time activity, hobbies, and recreation just for fun, but activities which challenge competence.

2. The *challenge of understanding.* Thoughtful adolescents should be encouraged to understand the meaning and importance of their particular stage in life and some of the problems which affect their generation. The nature and function of adolescence, the stresses produced in our time, the crucial problems of identity, self-esteem, alienation, privatism, commitment to future goals, and the varieties of the youth culture at home and abroad, including deviancies, are matters which older adolescents can understand. Inquiry groups, focused upon youth's world, could provide important challenges to understanding. Keniston says, ". . . a concrete understanding of the psychosocial forces that affect a generation might have some of the same therapeutic effects on the more reflective members of the generation that insight into psychodynamic forces can give the thoughtful individual." [6]

3. The *challenge of a truer public image.* The excessive publicizing of that fraction of our young people who deviate from the society's norms of behavior, and of their counterparts in other countries, and the mass media treatment of teenagers in general present a distorted and derogatory image of youth in our culture which adds to the prevalent adult uneasiness about youth and ignorance of its lot in society today. Because youth gets a bad press, it has reaped a poor public image. This affects youth's self-esteem. Need we be surprised if some young people choose to live up to this billing?

Adult institutions can do much to correct youth's distorted public image. They can begin by reducing their own share in the distortion. Unfortunately, many agencies, seeking support in their fund-raising efforts, inflate their importance by exaggerating the "Youth Problem." Some agencies build a case for their work with children by dramatizing the needs of adolescents, with whom they actually have slight contact.

Youth-serving institutions could become the public relations and press agents for a more positive image of youth, if part of the energies their public relations staffs spent on *institutional*-image making were devoted to truer *youth*-image making.

4. Next is the *challenge of work and responsibility.* Youth has very little chance for work and responsibility which uncovers and taxes their powers. Adults could provide youth with many more opportunities for meaningful involvement and responsibility. A promising start is being made: programs of part-time employment and part-time schooling in deprived areas of large cities; work camps; summer "workreation" programs in public recreation centers; social service opportunities for teenagers in hospitals, children's institutions, camps for crippled and mentally retarded children, play centers,

and Red Cross volunteer programs. In Boston, through Operation Kindness, over 7,000 students have served in 106 cooperating agencies.

We have only begun to apply imagination in these directions. Every institution dealing with youth can find some work opportunity within it, and can enlist help in the community.

There is danger of superficiality here. The value is not in the mere performance of some responsibility, but rather in the meaning it comes to have for the individual, in the stretching of capacities, in the development of competence, in the heightened self-esteem, and in the social commitments it fosters.

5. The *challenge of role models* or exemplars. What youth is and will become is determined more by the small groups of the creative young than by its majority members. Therefore providing a platform for talent, recognizing and rewarding the creative young, may be a way of fostering peer role models. Athletics does this now, but almost alone.

Poetry and music festivals and art exhibitions with scholarship awards; opportunities for the creative to appear before their own peers and before adults to read a poem, explain a piece of scientific work, display a painting, sing or play, or explain some volunteer work activity—these could be fruitful ways of encouraging the emergence of role models to replace the "sorry succession of Elvises" [5] produced by the communications industries. Fortunate is the adolescent who has found a good adult model, a temporary self-ideal who can tolerate adolescent confusions. Too many adults fail the teenager, either because they are unsure of themselves, or because they are *too* sure, imposing unrealistic standards on youth. Some, but too few professionals—teachers, youth workers—are good adult role models. Broadening the range of adult relationships through work responsibility increases the probability of young people finding some worthy adult models.

With an obvious sense of competence, this young teenager exhibits his own tobacco crop, planted as a 4–H Club project.

6. And last, one of the most important challenges of all, which adult institutions might strive for, is the *challenge of commitment to a better future for mankind.*

"We need not only a rediscovery of the vital ideals of the past," writes Kenneth Keniston, "but a willingness to create new ideals—new values, new myths, and new utopias. . . . It is for such ideals that young people are searching." [6]

Bruno Bettelheim says:

> **Old age is happiest when it can take youth up to the threshold of the good and the new and . . . point out the Promised Land to its children, saying: "you and only you in a hard fight will have to make this your own." . . . Youth, on the other hand, is happiest when it feels it is fighting to reach goals that were conceived of but not realized by the generation before them. . . . the hope of the future—this is the legacy of youth.** [7]

Riesman suggests engaging youth in speculation about the kind of world they would like to live in.[8]

To generate challenge for future goals is different from engaging in discussion of current problems with their conflicts and technical difficulties. Exclusive exposure to the headaches of the day can only increase youth's anxiety.

For example, today we are witnesses of history's greatest news story: the fabulous era when man takes off from Planet Earth and sets his compass for the stars. This news story can be viewed in terms of the technicalities and economics of the space program; in terms of a race with the Russians; or in terms of the threat of increased potential for mass destruction. But it can also be viewed as the challenge of unlocked secrets of life and the universe, bearing upon man's long quest for the meaning of his place in the universe. The space age can be regarded, as President Kennedy stated at the University of California on March 23, as offering us "an area in which the stale, sterile dogmas of the 'cold war' could be literally a quarter of a million miles behind." The President said:

> **The short view gives us the impression of a nation being shoved and harried, everywhere on the defense. But this im-**

pression is surely an optical illusion. . . . Wisdom requires the long view. And the long view shows . . . that the wave of the future . . . that the great currents of history are carrying the world away from the monolithic idea toward the pluralistic idea . . . the liberation of the diverse energies of free nations and free men. . . . Beyond the drumfire of daily crisis, therefore, there is arising the outlines of a robust and vital world community, founded on nations secure in their own independence and united by allegiance to world peace.

These are inspiring words for young people who will live part of their lives in the 21st century.

Why not nurture youth on dreams instead of nightmares? As adults, we all wrestle with the nightmares of our age: problems of urban sprawl, obsolescence in our cities, transportation congestion, air pollution. Our piecemeal planning and governmental inadequacies for dealing with these situations are often presented to youth as a frightening combination of technical problems. Instead of the nightmares, let us present youth with the dream of making our urban environment humane, of transforming whole cities into parks with the help of architects, developers, and artists; of changing our distrust of coordinated planning; of diversifying and coordinating all methods of transportation; of protecting our woodlands and multiplying recreational resources.

Each of our problems can be looked at either in their distressing near view or in a hopeful long view. They are the two sides of the shield. Youth has nightmares enough of his own; he needs our dreams. Adult institutions can expose young people to those adults who have dreams, who can suggest vast fields to conquer, who can turn vital issues around to reveal goal rather than dilemma. And adults who have achieved planned change in their corporations, government activities, or schools can tell youth how it was done, as proof that we are not all powerless in the grip of impersonal forces.

The telescopic lens, focused upon the exciting jobs ahead in the rest of this century, can assist "young people to rebel against certain unworthy aspects of the social structure . . . ensure their allegiance to the fundamental philosophy which is the foundation of our civilization . . ." [13]

To do any of the things that will render youth stronger and more capable of coping with the challenging conditions that face civilization in the second half of the 20th century, calls for soul-searching on the part of adult institutions. Let us not always assume that it is the youngster, rather than the relationship, the school, or the institution that needs readjusting. Institutions need to put themselves to the test of understanding youth; to the test of respect for adolescents; to the test of creativity and adaptability; to the test of worthy objectives and goals.

At the greatest moments in the American past, Americans had an image before them of what free men, working together, could make of human life. The great question that the present generation of Americans will answer is whether . . . American life can be lit by a sense of opportunities to be seized and great things to be done.[14]

Can we help youth hitch its wagon to the stars? Can we help make youth capable of creative achievement in the balance of this century? May we, in our impact upon youth, be touched by the flame of the creative spirit, which alone can make ideas contagious and faith believable.

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Treatment of the delinquent begins with the hearing and thus calls for . . .

ORDER IN THE COURT

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LIFE GOES ON both before and after a court hearing. Yet, the juvenile courts often seem to ignore this obvious fact.

Not long ago a judge remarked to me that since the hearing is only incidental in the life of the family concerned, it makes little difference how the hearing is handled. He seemed totally unaware of the possibility that it might be his very handling of the hearing which made it of so little consequence.

There are reasons for such an attitude. The pattern for our juvenile codes was set in the decade following the turn of the last century. At that time there was an understandable reaction against the rigid formality of the civil and criminal courts. *Relax, be informal* was the watchword. Unfortunately, the stress on informality brought with it elements of confusion and disorder. It is now time for a reappraisal.

Millions of words have been written about the treatment of juvenile offenders, but almost invariably their focus has been on the treatment which takes place after the order of disposition is entered by the court. While occasional references are made to the fact that the entire court process is a treatment process, these are usually incidental to a presentation of some other point. In fact, it seems impossible to arouse interest in this aspect of juvenile court activity.

In conversation, the minds of individuals concerned professionally with problems of delinquency, whether judges, lawyers, social workers, psychologists, or what you will, seem to leap automatically to either what they believe to be the environmental causes of delinquency or to the treatment of the adjudicated delinquent.

There has, however, been some implicit recognition of the importance of the court process as treatment in such oft-heard remarks as this or that girl or boy will be of no further trouble because attendance at the court was "enough."

Some time ago, social workers were writing about the traumatic effect of the court hearing. They realized that the court appearance was a frightening and significant event in the life of the child and that the accompanying worry and tension could produce a detrimental effect on the child. Therefore, they sought to lessen the impact of the occasion by making the child feel at home at the hearing. The social workers were right in their estimate of the impact of the court appearance on the child. A court appearance has a tremendous impact on every lay participant, even on impersonally involved witnesses. It is a mistake to dismiss any court appearance as of no consequence in the minds of the participants.

However, to say this tension and anxiety stem from the formality of the courtroom is a mistake. While it is true that a harsh, unsympathetic judge will strike fear in the hearts of those before him, such a judge is not really a part of the average court.

The tension and anxiety are largely due to natural suspicion of things unknown, guilt about past wrongs (perhaps undiscovered), and a face-to-face meeting with the authority of our society.

To the people before the court, the court will always represent authority. As one woman put it, "You're so much in their hands."

No matter how much court personnel may deceive themselves about being a friend to the boy, or acting as a kind father, or offering help and not punishment, they cannot disassociate themselves from authority in the minds of the respondents. I believe this is good. This is not to say that the juvenile court should not be a friend, should not be kind, should not be compassionate and understanding. It is to say that the court's authority is a fact of life.

In our concern with the "traumatic" effect of the court appearance and our attempts to lessen its impact by making the participants in juvenile court feel "at home," we may have lost more ground in reaching the goals of treatment than we have gained. While recognizing the position of the individual in court, we have sometimes failed to recognize the place of the court in the overall scheme of law enforcement, and have therein failed to apply a true concept of the court process as part of the treatment process.

The Court as Authority

What is the place of the court in this scheme of law enforcement?

Few would deny that some rules or laws are necessary if people are to enjoy their rights to life, liberty, and the pursuit of happiness—including, in our society, the right to acquire and retain material possessions. In our society the elected representatives of the people enact these rules as laws, and define those acts which are contrary to them. Thus society, through the legislature, has forewarned its members that commission of these acts will lead to a further expression of its disapproval. Most juvenile offenses were first defined in relation to adults, juveniles being blanketed in later through the juvenile code. When a person commits a forbidden act, the police express society's disapproval by apprehending him.

In our country we are rather proud of the fact that we recognize not only society's right to law and order, but also the right of the individual to be free from unreasonable restraint or interference. We try to maintain a balance between the rights of society and the rights of the individual.

This balance is often difficult to find and maintain. Learned men can debate for hours about what it is in a given situation. Nevertheless, all through their education young people have been told of these rights and this general scheme of things. They have been told that the court is the final authority in these matters. For example, a widely used high-school text says:

> **All courts have the duty to administer justice to all American citizens.**
>
> **If the accused cannot pay for a lawyer, the court will appoint one to serve without cost.**
>
> **When an American citizen is accused of a crime, he may be released on bail (an amount of money fixed by the judge) unless he has been accused of a serious criminal offense.**
>
> **An American citizen cannot be forced to give evidence against himself . . .**
>
> **If his trial goes against him and he is still convinced of his innocence, he may, under some circumstances, appeal his case from the State court to a Federal court . . .**

Underlying all these rights is this one:

> **An American citizen is assumed innocent until a trial has proved him guilty.**[1]

So I suggest that the youth and his parents approach the court with a deep conviction about the following facts: that the court is the final authority for the expression of society's disapproval of any violation of its laws; that the court is the final authority in the protection of the individual against unreasonable encroachments on the part of society; and that the court is the part of the Government which applies society's sanctions for antisocial behavior.

Both in society's control process and in the minds of the youth and his parents, a juvenile court is like any other court with regard to these basic functions. One major purpose of the court is to *reestablish respect for duly constituted authority.*

Responsibility for Behavior

Those of us who believe in the juvenile court believe that it is something more than any other court. We believe that the juvenile court is designed to offer "individualized justice"; that it seeks to understand the child and to realize that his behavior may be a result of an antichild environment. We believe that a proper use of the social sciences can increase this understanding. And we believe that the broad range of discretion given to the juvenile judge makes possible an individual custom-designed treatment instead of punishment. (Of course, the discretion is nought but a word, and the treatment is but air, if there are no means with which to carry them out.)

While I agree with this philosophy, I suggest that in our eagerness to apply it to the individual, we may have obscured certain facts about the general welfare, and may have created new dangers to that welfare. We may have overlooked the place of the

court in the overall scheme of societal control. In seeking to understand the child's behavior we may have inadvertently seemed to excuse his behavior. That is to say, in our court process, we may have seemed to regard the individual's behavior as though it were a conditioned response to his environment, like the responses of laboratory mice in a maze.

How often have I heard the remark in court, "He's not to blame; what else can you expect?" Such a remark disregards the fact that thousands of children from broken homes, or slums, or minority groups grow up to be good citizens. It ignores the fact that as God's creatures we are all blessed with a freedom of choice to make of ourselves what we will. It seems to me that while justly abhorring poverty and the handicaps it imposes on young people, we have erred in implying that children in certain circumstances do not have the freedom to choose between right and wrong.

I am not advocating severe punishment for juvenile offenders or "criminal court formality" in juvenile court. I am suggesting a new look, a reappraisal of what the juvenile courts are expected to do, and how they are doing it. And I suggest that the focus of this reappraisal be on the court process itself, from point of intake to point of disposition.

If we are correct in saying that to the child and parents the court represents the final authority of society, this fact should be recognized in the manner in which the court approaches these individuals. If the court is designed to represent and express the authority of the people, then it must properly play this role to be truly effective.

If the court by its very nature represents authority, then the court and all its members must behave in a suitable manner. The court, as a social institution, cannot behave as some judges are fond of saying they do, like a "wise and understanding father."

Even if it were desirable for the court to assume the role of a wise and understanding parent, it should be remembered that such a parent plays many roles in his relationship with his child, one of which is to require obedience. It is in this aspect of the father's role that the court is cast when it deals with a juvenile offender.

When I refer to the court, I mean the court and everyone who works for the court. The social worker, caseworker, intake worker, probation officer, or whatever he may be called, is a *court* social worker, a *court* caseworker, a *court* intake worker, a *court* probation officer. To the people, every court employee represents the authority of the court. It is an illusion to speak of voluntary casework in a court setting. In the minds of those with whom a court deals, there is an element of *duress* in every word spoken.

This essential role of the court in society should preclude it from extending its operations to areas of service to children or families which do not require the use of authority. Philosophically speaking, such extension raises the basic question of when the use of force is compatible with the freedom and dignity of the individual. Practically speaking, it dilutes the court's attention to its essential functions and confuses the young offender and his family as to the court's role. This can diminish rather than strengthen their respect for law and order.

Judgments at Intake

The day-to-day application of this theory of the operation of the juvenile court requires two essential judgments to be made at intake by the unit assigned by the judge for screening purposes: Does the specific act complained of fall within the juvenile code? And is the authority of the court necessary in this instance? These oft-mentioned prerequisites to juvenile justice are more honored in the breach than in the observance. People have a right to be free from interference in their lives. If they have done nothing which the law has said is wrong, the court has no right to enter their lives.

Courts may have the best intentions, but if there is no legal basis for their actions their intentions will not save them when their bluff is called. And it will be called, and respect for the law be further undermined. If the act the young person is charged with does not fall within the juvenile code, the court should not take cognizance of the matter, officially or even unofficially. A referral to another agency is of course often advisable.

Even if the act falls within the code but it is apparent that the child or family can solve their problem without court action, then none should be taken. How can the courts, which often harp on the decline of family ties and the lack of parental responsibility, possibly justify injecting themselves into situations in which the family is willing to work out its own soluton? Certainly when a youth solves his own problems he acquires better character training than when the court dictates a solution. Only if it appears that the authority of the court is necessary to a solution should the court act. This principle holds true for any stage of the proceeding. If and when it appears that court authority is no longer

necessary, then the matter should be dismissed.

One beautiful, unique feature of most juvenile codes, but one which is least understood, is the discretion of the court *not* to act.

The intake posture of juvenile courts has considerable sociological implication, and has much influence on value patterns in any community. Much has been written about the fact that our children no longer have room to grow. An eminent jurist told me recently that he had looked over the Gluecks' table for predicting delinquency [2] and had found most of the factors listed there to be qualities he had always associated with leadership and with our outstanding citizens. In some ways society has become intolerant of the foibles of youth. The court then must be tolerant if it is to fulfill its oft-mentioned role of protection. Serving as a bulwark against intolerance can be a much higher order of protection than the employment of caseworkers to help "predelinquents."

Our concepts of individual freedom and of the juvenile court should rightly afford the child an opportunity to grow, to make mistakes, and to develop his individuality. A court which has an all-inclusive policy at intake threatens this freedom and inhibits this growth.

Preparation for Hearing

The intake worker should remember that court intake is a part of the continuing law enforcement process. A court hearing is to follow and the police action preceded. Neither the intake worker nor the worker who prepares the social study for the judge should by word or attitude criticize the police. If he does so he will not only create very real administrative problems, but he will make the entire treatment of the youth more difficult. Such an attitude criticizes the entire law enforcement process and seems to the child to make light of his transgression. Moreover, just as a child is quick to sense a difference of opinion between parents, and work one against the other, he is also quick to make use of a difference between court and police personnel.

Occasionally boys and girls are the victims of irresponsible police action, but this is rare. In his efforts to "protect" the child, the court worker should not assume that the police are wrong and the child is right. While the worker tries to convey an attitude of understanding, he must let the child know that he has broken the rules of society and that society rightfully disapproves. The worker conveys this, not so much by words, as by attitude. He should be serious, not jocular; firm, not harsh; understanding, not excusing.

During both the intake and study process the worker must think not only of preparing the facts and paperwork for the court, but also of preparing the youth and family for the hearing. He should emphasize society's demand for respect for its institutions, and the court's fairness. He must impress the seriousness of the business upon the young delinquent.

Obviously, the matter should not go before the judge unless it is serious business. Let us not have 9-year-olds in court for stealing a candy bar. The court staff must make use of its knowledge of child and adolescent behavior, and discriminate between what is normal misconduct and conduct which truly represents a defiance or disregard of society. The court docket cannot be cluttered with the former, if it is to be free to perform its true function in regard to the latter.

The court team will fortify the moral values of society by dealing with serious matters in a serious way, and not by making a Federal case out of a trivial matter.

The Hearing

Some courts commonly excuse one parent (and occasionally both parents, or the only parent) from the hearing because of inconvenience or interference with work. In my view this is wrong. The matter should not come to a hearing unless it is serious; and if it is serious it demands the parents' attention. A hearing may be scheduled at a time within the court day which will accommodate a parent, but the parent should not be excused from attending. In excusing a parent, the court fails to treat the family unit. In postadjudication treatment we have learned that the best treatment of the child is of little avail, even though he is fully cooperating, if the family is not treated at the same time.

The objective of all treatment is a change in the individual, but a change in a child's attitude will not endure against the onslaught of the old parental attitude. This accepted axiom in the treatment of the adjudicated juvenile offender holds true for the court process itself. If the court does not insist on parental participation, by warrant if necessary, the court is failing to recognize this principle. Furthermore, the court is in effect saying that the $3, $5, or $20 the absent parent may be earning during the time of the hearing is more important than the child's welfare. If the court and agency workers show a

respectful attitude toward the hearing, the respondents will follow their lead.

While there may be validity in providing a relaxed atmosphere for the child in court, this does not hold true for the parents. In fact, the reverse may be true. Parents are often the real source of delinquency in children. If we are to emphasize parental responsibility and respect for authority, then the parents should be impressed with the seriousness of the matter. Since the hearing is part of the treatment, and the treatment must be applied to the family as a unit, the hearing should be conducted in a way that will accomplish this objective. The hearing follows the police effort and the court investigation, and precedes the implementation of the disposition. Like all these processes it is but a part of a continuing law enforcement process. It is not the final act, but is preparation for what is to follow.

The hearing is a traumatic experience, every detail of which is etched into the minds and memories of the children and parents involved. If those memories are to be a springboard for successful treatment thereafter, it must have order and dignity, without excessive formality. It must be carried out with both firmness and understanding.

At the same time, the court must show respect for the dignity of the individual. If there is one memory which should linger after the hearing, it is that of *fairness*. If there is one impression which makes further treatment of the young person almost impossible, it is that of having been treated unfairly. Most courts probably act fairly, but this is not enough. They must be sure that the participants understand what has taken place, and why it has taken place, and that it is fair. They must look at what they are doing through the eyes of the adolescent.

Sometime ago, I observed a hearing in a court known for its approved informal atmosphere. Seated at the head of the room was the judge. On his right was the court stenographer. Directly before the judge was a long table. On one side of that table were two assistant prosecuting attorneys, a police officer, and the court probation officer. On the opposite side of the table sat an undersized 15-year-old boy, alone. Other police officers and court workers were around the room. I have forgotten the case and the names involved. The mental picture of that scene remains with me and I suspect that it remains with the boy. With that picture is an impression of essential unfairness.

This troubles me. I know the judge and I know that he is of the highest caliber. I know that he is absolutely fair. Yet the impression of unfairness remains.

I do not mean to point the finger of blame at the juvenile courts or at any group which has influenced their development. Almost without exception our juvenile codes contain no detailed provisions concerning the conduct of hearings, other than a vague reference to an "informal" hearing.

As the number of juveniles coming before our courts has increased tremendously, the confusion occasioned by the lack of attention to the conduct of the hearing has become more apparent. We have the anomalous situation wherein a court which was intended to give greater protection to children than had been given to adults now jeopardizes the rights of those children.[3] Further, the court is often not performing its function as part of the treatment of the individual, but may even be inhibiting that treatment.

There is something reassuring to all human beings about an orderly process. This is particularly true of children. We can be kind and considerate, but at the same time recognize the child's right to order and authority. We can have order without excessive formality.

The juvenile court presents a tremendous opportunity for good in our society, but its potentials will not be achieved unless it carries a real sense of its objectives and of their urgency. This means that the courts must take a deep look at what they are doing and where they fit into our whole scheme of government. We must stop thinking of the court as only a switchline connection to facilities or treatment. We must look at the court process from the point of view of the child and his parents, and then make a real effort to put into practice the concept that the court process is part of the enlightened treatment of the individual.

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A study of 600 adolescent patients in social hygiene clinics . . .

TEENAGERS AND VENEREAL DISEASE

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RECENT INCREASES in venereal disease among adolescents in the United States—a rise of 130 percent in reported cases from 1956 to 1960—make it imperative to clarify our own as well as the young people's attitudes toward sex; to replace ignorance with knowledge, and community apathy with appropriate action; and to take a critical look at the laissez-faire attitude of some public health authorities toward physicians who do not report the venereal disease patients they treat in private practice. The history of medicine makes it clear that attitudes toward disease have constituted significant factors either in facilitating or impeding control. Therapy alone—even when effective—has not proved sufficient to control disease unless supplemented by education and by appropriate changes in social institutions and in human behavior.[1]

With this in mind the American Social Health Association in cooperation with the New York City Department of Health undertook a study of the attitudes of teenaged venereal disease patients for the Public Health Service, U.S. Department of Health, Education, and Welfare. Begun in September 1958, the study was completed in March 1961. It involved interviews with 600 teenagers attending the social hygiene clinics of New York City, and visits to the homes of 100 of them.

Although the study was designed to include the patients of private physicians as well as of clinics, too few of the former were referred to the study to make any comparisons possible. This was a reflection of physicians' traditional reluctance to report their patients—a major factor in hampering efforts toward eradication of the disease and in preventing precise calculation of how many teenaged patients there may be in the nonclinic population.

Some preliminary field work indicated that venereal disease patients, including teenagers, were treated as if the disease existed apart from a human being. To be sure, the patients were urged to return should they become reinfected. However, a clinic policy of moral neutrality can be misinterpreted by the young patient as a quasi-acceptance of the sexual activity through which he has become infected.

At the time the study was initiated, little was known about the teenaged venereal disease patients in New York City. As director of the study, I was warned by both social hygiene clinic personnel and social workers in community agencies dealing with problems of youth that such teenagers were "delinquents" from demoralized families with little potential for rehabilitation and that they would certainly not talk to adults about their sexual behavior or related aspects of their lives. It was suggested that young interviewers be engaged and some form of payment be provided to the interviewees.

Not entirely convinced, I did some exploratory interviewing in one of the city's social hygiene clinics in a district health center where the physician in

Based on a paper presented at the 1961 annual meeting of the American Public Health Association.

charge did not share these stereotyped views. From the beginning, the response of the teenagers was friendly, interested, and cooperative, despite some initial resentment at having to prolong a visit to the clinic that sometimes took up to 3 hours, because of the unavoidable delays common to busy, walk-in clinics. Similar cooperation was subsequently met by the study interviewers—all of them adults who were trained and experienced social workers. In order to obtain 600 voluntary interviews, we had to approach 610 teenagers. Only 3 of the 10 refused outright to be interviewed; 5 were persuaded by persons close to them not to participate in the study; and 2 withdrew. Word soon got around that the study was a "Junior Kinsey" and that the interviewers were "OK." No one was paid and the teenagers were told that any results could not come soon enough to be of direct benefit to them. Where problems were revealed with which they or their families needed help, referrals were made through the charge nurse to appropriate agencies. The young people seemed eager to make a contribution to the study.

The Interviews

In each interview the objectives of the study were outlined briefly and simply and the importance of accuracy was stressed. The young people were given an opportunity to withdraw at any point if reluctance or serious inconsistencies were noted. The interview schedule, which was evolved during the exploratory interviewing, took from an hour to an hour and a half to complete. The teenagers were asked to provide data concerning their socioeconomic and cultural backgrounds; family status; education; religious affiliation and church attendance; leisure-time activities; employment; sexual activities, knowledge, and attitudes; feelings of guilt or religious conflict concerning their behavior; self-evaluation; and social adjustment, ranging from evidence of socially deviant behavior, sexual included, to their identifications with adults, their goals and self-images.

Parents accompanying teenagers to the clinics were interviewed as were parents in their homes.

The social workers involved in the interviewing were given training in research. The confidentiality of the information obtained in the clinic interviews was protected by having the home visits made by a social worker who did not do any clinic interviewing. In view of the limited knowledge available concerning the teenaged venereal disease patients and the unpredictability of the flow of patients in the clinics, we decided to interview all who came to the clinics during the period the primary data were being collected—February through August 1959. This means, of course, that the findings cannot be generalized until validated or invalidated by follow-up studies in New York with nonclinic patients and by comparable studies elsewhere.

Essentially an effort to determine factors contributory to the increase in venereal disease among adolescents, the study was designed to answer questions pertinent to the epidemiological aspects of control, including the following:

What kinds of teenagers are involved in venereal disease?

From what kinds of families and social backgrounds do they come?

From the above flowed a variety of specific questions. One was:

Are there significant differences in their social behavior depending upon their social background as a whole; or depending upon age, ethnic group, religion, family stability, education, employment, self-image, aspirations, and adult indentifications?

A question of a general nature, included to bring out some of the extrafamilial influences that conceivably might be having an influence on both teenagers and their parents, was:

Are there trends in 20th-century American life that tend to exert pressure on the adolescent toward premarital sexual experimentation?

In the final report of the study,[2] this question is answered in the affirmative on the basis of a comprehensive analysis of the kinds of stimuli and social sanctions which induce young people to experiment sexually in the absence of comparable stimuli toward experimentation in nonsexual activities.

Findings and Implications

Who were the teenagers and from what kinds of families did they come? To what extent did identification of both fit the prevailing stereotypes?

While it is not possible here to describe findings that cover four chapters in the published report,[2] some significant findings and implications can be highlighted.

While all the teenagers interviewed had had sexual relations, only 63 percent were found by the

clinic to have had one or more venereal infections. Of these, 70 percent were boys; 30 percent, girls. Among the infected group, numbering 379 teenagers, 159 reported 1 previous infection; 55 reported 2 or more.

Promiscuity, defined as casual, frequent, and depersonalized sexual relations, was a predominantly male phenomenon in the study universe. It was determined on the basis of number of sexual partners, length of time the teenager had been engaging in sexual activities, and personalization of the partner. The 600 teenagers—aged 12 through 19—were more evenly divided between boys and girls, 352 and 248, respectively, than the differences in promiscuity reflect. Only 2 girls were in the most promiscuous group as against 60 boys, while 5 times as high a proportion of the girls than of the boys were in the least promiscuous group. While society's greater acceptance of promiscuity among males may have occasioned some exaggeration on the part of the boys and some underreporting on the part of the girls, there is little reason to believe that this appreciably affects these comparisons.

Homosexuality was also much more prevalent among boys, with only 9 girls so involved out of a total of 115 teenagers who reported homosexual activity.

Tabulations to check the reliability of responses, checks for consistency, and the information obtained in the home visits confirmed the interviewers' impressions that the teenagers provided essentially accurate data—subjective as well as objective. Additional confirmation of interpretation of the differences in promiscuity between the sexes is to be found in correlations showing that promiscuity among the males was not significantly related to socially deviant behavior while it was so related among the females. It should come as no surprise that promiscuity correlated significantly with venereal disease, especially among the boys.

Exploded Stereotypes

Although nonwhites accounted for 71 percent of the universe, Puerto Rican teenagers, 16 percent, and other whites, 13 percent, promiscuity was found in all three groups with no essential difference. Contrary to a prevailing stereotype, the white teenagers were the new residents in the city. A majority of the nonwhite and most of the Puerto Rican patients were either long-term or lifetime residents of the city. In some instances physicians in the clinics failed to inform white teenagers about the research interview, and these were not, therefore, included in the study.

A majority of the young people interviewed came from low-income, minority group families. However, only one-sixth were dependent, in part or in whole, on public assistance. More than one-sixth of them came from families of lower middle-class status, and 28 percent from families with middle-class aspirations. Their social class status was confirmed by the home visits and by indices of parental control. For example, over two-thirds of the teenagers reported that their parents were interested in knowing where they went, expected them to be home at a certain time, and set standards for their behavior even if unable to insure that these were carried out at all times.

The stereotype of demoralized families with little potential for rehabilitation does not stand up under the study's findings. Most of the parents who were interviewed expressed concern over the behavior which had resulted in their child's illness, though often they did not seem to know about other socially deviant aspects of his or her behavior. The social worker who interviewed parents in their homes encountered requests for help and many evidences of a desire to improve their situations. For example, there were many indications of attempts to transform slum apartments into attractive, livable homes.

More than three-fourths of the teenagers interviewed—79 percent—were over 16 years of age; 62 percent were 18 or 19 years old. In religion, 62 percent were Protestant; 32 percent were Catholic; 2 percent were Jewish; the remainder were either unaffiliated or belonged to miscellaneous religious groups. Almost half the young people reported that their parents attended religious services, while slightly more than 25 percent of the teenagers themselves did so.

The educational and cultural levels of most of these young people can only be characterized as impoverished. While nearly 75 percent had entered high school, only 15 percent had graduated. Few reported any use of New York City's neighborhood libraries and the cultural opportunities available in the schools and in community centers. However, 3 percent were attending college.

The major school problems reported were lack of interest in subjects, reading difficulties, failure to achieve promotion, and lack of interest on the part of the teachers. As one teenage girl put it: "My teacher would sometimes say, 'I get paid whether you learn or not. I don't have to teach you!'" This

girl, like many of the other teenagers, had been involved in truancy before becoming involved in sexual activities. Repeated truancy was reported by 80 percent.

Of the 439 teenagers not in school when interviewed, only 176 had had any work experience, part or full time.

The teenagers revealed their concerns over lack of a meaningful role in answers to questions designed to get at their self-image. When asked what they did in their spare time, 509 replied: "Nothing!" This is not in contradiction to their having indicated that they spent some time in recreational and other types of activities—including sexual; it is a frank—if somewhat devastating self-appraisal. Having nothing to do—in the sense of having few meaningful and socially useful responsibilities—means essentially to be nothing. To what extent this lack of role and the resultant *anomie* may be related to promiscuity can only be raised as a question for further investigation.

Social Controls and Behavior

Despite the availability of techniques for mechanically processing research data, relating social controls to behavior is still a major problem for the social sciences. The status of today's knowledge of human behavior and its interaction with environment calls for caution in interpreting statistical associations, especially in an exploratory study. Because of this and the subjective nature of interview data, probability levels were set high in the tests for statistical significance, and reservations were made in the interpretation of correlations.

Many of the indices of social control generally regarded as having an influence on behavior reflected significant relationships to promiscuous and socially deviant behavior, with variations according to sex and ethnic group. Among these indices were: psychological atmosphere of the home (rated as favorable if the teenager spent considerable time there, took his friends there, and did things with his family); teenagers' religious attendance; whether or not the teenager lived with his family; and whether or not the teenager was still in school. School status reflected the most statistically significant influence.

Attempts at classifying the teenagers as living in a "favorable" or "unfavorable" environment were unsuccessful, since most of them lived in environments having both favorable and unfavorable aspects.

Educational level correlated significantly with what was rated as a very good knowledge of the facts about venereal disease. However, only 10 percent of the young people had this kind of knowledge—not surprising in the light of the generally low level of educational attainment.

Despite their involvement in sexual activities these young people exhibited little understanding of the meaning of sex. Peers constituted the source of sex knowledge for 64 percent of these young people, while parents were the source for 21 percent; other adults, for 15 percent. Relatively fewer of the teenagers who obtained their sex knowledge from parents or adults with whom they had a positive identification were promiscuous.

Ignorance is transmitted with the same ease as knowledge. At some point the cost of the transmission of ignorance has to be weighed against the cost of improved education for parents and professional persons, as well as for teenagers.

While many of the teenagers had been involved in "delinquent" behavior, the group as a whole could not be characterized as delinquent. More than half the young people reported they had driven cars without a license and had done some stealing; 27 percent had been involved in street fighting; 38 percent had come to the attention of the police; but only 7 percent had been taken to court.

The interviewers were impressed with the frankness with which the teenagers revealed illegal actions and other aspects of their behavior that did not present them in a favorable light. They were also impressed with the frequent expressions of guilt and religious conflict.

Some Contrasts

The difficulties in establishing a typology for differentiating these teenagers, their general ignorance about sex and venereal disease, and the wide range of their behavior, both social and sexual, suggest the need not only for more education but also for greater individualization of these teenagers. Consider the contrasts in the following young people who were among those interviewed in the social hygiene clinics:

A shy, withdrawn, guilt-laden honor student of 18, who lives with his grandmother, had his only sexual experience with a prostitute to test his "virility."

An 18-year-old drug addict, who lives with both parents, has had at least 25 sex partners toward whom he feels no personal attachment. He feels sorry only for having been "caught."

A highly intelligent high-school girl, who lives with both parents, had infrequent sexual relations with her steady boy friend, but caught syphilis from him after he had impulsively had relations with a "pickup," following a lover's quarrel.

A recent arrival in New York, where she has no family ties, has gradually drifted into prostitution.

A 17-year-old girl from a closely knit family, who was goaded by her girl friends into having sexual relations with her fiance, found herself both pregnant and infected, and is in an anguish of guilt and fear for the future.

A 15-year-old boy from a broken home and a special school for problem children became infected from engaging in homosexual activity for money. He says he has no goals, does not care about anyone, and had no idea what he wants out of life.

One need all these young people had had in common was for better education about sex and venereal disease. On the surface, this should present little or no problem. The issue is, however, beclouded by emotionally charged, conflicting, and controversial attitudes toward sex in society at large, as well as among the teenagers who have contracted the disease. Constructive sex education requires a point of view and sanctions for codes of behavior to which society expects its youth to adhere. Such education should not only help to prevent the behavior which results in infection but should facilitate cooperation from the young patient in the contract interview and prevent repeated infection. It can only succeed, however, if ways can be found to involve such youth in opportunities for more education generally, the cultural life of the community, and, above all, in meaningful work and social responsibility.

Whether these implications are soundly based will, in the near future, be a matter of objective report. As a result of the study, an adolescent clinic has been initiated in the health center in which the exploratory interviewing took place. A social worker has been assigned to provide counseling and make referrals to rehabilitation agencies, and plans are underway for the provision of psychiatric services, a youth employment counselor, and courses in family life education. Moreover, even before the study was completed, changes in attitude were discernible among those responsible for operating the social hygiene clinics.

It is good to see these beginnings in a period during which it has become fashionable to emphasize man's potential for evil and to assume that control of the sex drive during adolescence is not only not essential to mature development but impossible to achieve. Teenagers like those in the study have been held responsible for conduct traceable to the failure on the part of adults to facilitate and sanction controls. Twentieth-century psychological theories that have been exploited to support sexual license, almost to the debasement of human values and personal relations, need to be reexamined if followup studies and the experimental clinics confirm the findings of this study.

In 1947 Dr. Stokes warned that even a perfect cure would not eradicate the venereal diseases since "their onset is often obscure, often invisible and nonincapacitating," and that "conduct not treatment is the key to control."[3] It is hoped that this study may stimulate more attention to the social aspects of venereal disease without which efforts at control are undermined. Stokes' warning and Scheele's statement more than a decade ago that "what is needed is increased research on the part of those in psychiatry and the social sciences to determine the factors underlying the spread of venereal infection and the social deviations related to their spread,"[4] are even more pertinent today.

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[1] Deschin, Celia S.: The relation of socioeconomic and cultural factors to an understanding of illness, Ph. D. dissertation. Center for Human Relations and Community Studies, New York University, 1958.

[2] Deschin, Celia S.: Teenagers and venereal disease; a sociological study. American Social Health Association, New York. March 1961. Reprinted by the U.S. Department of Health, Education, and Welfare, Public Health Service, Communicable Disease Center, Venereal Disease Branch, Atlanta, Ga.

[3] Stokes, John H.: The course in health and human relations: its origin and its purposes. *Educational Outlook*, January 1947.

[4] Scheele, L. A.: We are moving forward. *Journal of Social Hygiene*, March 1949.

It is necessary for the physician to provide not only needed treatment, but to provide for the sick man himself, and for those beside him, and to provide for his outside affairs.

—Hippocrates

Placements of children regarded as unadoptable prove there are . . .

ADOPTION OPPORTUNITIES FOR THE HANDICAPPED

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DOES the social work principle, "Every child has a right to a home and a family that loves and wants him for himself," include the severely physically handicapped or mentally defective child?

Present attitudes in our culture toward such children (referred to hereafter as "special" children) are much more positive than they were even a few decades ago. In the distant past children with severe defects were hidden, ridiculed, and tortured. Romans and Greeks destroyed them without feeling guilty or remorseful. Even in countries where there were more humane attitudes, such children often aroused feelings of hostility or fear. Unfortunately, remnants of these negative feelings toward the severely handicapped are still present in most of us. It took some actual experiences to help me overcome my own feelings about placing such "special" children for adoption. Until child welfare workers can be helped to recognize and overcome their negative feelings about severely handicapped children and can believe firmly that every child is entitled to a home, they will not go far in attaining this goal.

A "special" child has the same basic needs as every other child. First of all, it is important to remember that he is a human being with needs, feelings and lovable and unlovable characteristics. Second, it is necessary to view the abnormal conditions realistically, not through pity or hopelessness, but with sympathy and compassion. Next, every possible resource should be called upon to help the child become as presentable and as near normal as possible. Only as child welfare workers have the knowledge and the courage to discuss the problem of homeless, handicapped children clearly, will the general public develop enough of a knowledge of it to lead to the uncovering of many potential resources for their care. Unfortunately, however, when a diligent search needs to be made for adoptive parents who have that "plus quality" required for accepting a handicapped child and helping him develop to his maximum capacity, some workers do not really believe that there are people who have the capacity to welcome and cope with these "special" children. Yet experience has shown that a hopeful resource for adoptive parents for such children lies in carefully selected foster parents who in their efforts to help the child overcome his handicaps might learn to love him and want him as their own.

Several experiences have convinced me that adoptions should not be ruled out for severely handicapped children.

Jimmy

First, there was Jimmy, born after an extremely difficult delivery. Soon after his birth, Jimmy's mother, who was considered to be mentally retarded, was told that her child had suffered brain damage

and could not be placed for adoption as she and her parents had requested. Jimmy was placed in an oxygen tent and remained in the hospital for 5 months, until he was taken to a nursing home where he stayed, receiving custodial care only until he was 2½ years old. Then he was brought to our public child welfare agency's attention by one of his relatives, who was concerned about him. When the child welfare worker first saw him she was shocked and heartsick. The child was pale, listless, and completely unresponsive. He made a queer babbling sound, but could not talk. He evidently had not had any solid food, as he did not know how to chew. His gait was staggered and he ran into objects. Later it was discovered that he could not see farther than a foot. His head was unusually large; there was a squint in one of his eyes; his teeth were small, stubby, and separated; and he was pigeon breasted. He commanded attention by beating his head on the floor or by having temper tantrums.

The child welfare worker arranged for Jimmy to have a complete physical and psychological examination. Testing indicated an IQ of 36, with a diagnosis of obvious mental and physical retardation. Adoption certainly did not seem feasible at this point.

Jimmy was placed in a carefully selected foster home where he could experience love, as well as good physical care. The foster parents were a farm couple who were happy and secure and who had an unusual capacity for loving a child. They were frankly told about his problems and were asked to observe this extremely neglected child closely and to give him every chance to develop.

After only 3 days of tender loving care, this sad, apathetic child began to respond to his foster parents. He rewarded them with his first smile and began taking some interest in his surroundings. The foster parents received their first clue to his potentialities when they noticed that he observed what was going on around him and imitated readily. He soon learned to say "mamma" and looked to the foster mother to supply his needs.

Gradually the foster parents' initial feeling of pity began to change to love and pride in his progress. They had many discouragements during the first few months, but they never even considered giving him up. Neighbors made disparaging remarks. Their family physician frankly told them the child was not normal and advised them to return him to the welfare office before they became too attached to him. When the doctor's attitude became known, the child welfare worker persuaded him and the foster family to refer the child to a well-known pediatrician.

This pediatrician deserves much credit for Jimmy's eventual progress. He was hopeful from the first and gave generously of his time, talking with and encouraging the foster parents. He has said that, if Jimmy had remained in the nursing home another 6 months, he would probably have died of marasmus.

Convinced that Jimmy had possibilities, the child welfare worker supported the foster parents in all their efforts, helped them evaluate his progress, and gave them many helpful suggestions for handling specific problems.

After an eye specialist fitted him with glasses, Jimmy immediately learned to walk better, to explore, and to act more normally. This provided further indication of his potentialities. Later he underwent a double hernia operation, a tonsillectomy, and an adenoidectomy. All of these corrections helped to improve Jimmy's general health and disposition, and further strengthened the child welfare unit's conviction that probably he would become adoptable.

Six months after Jimmy's placement in their home, the foster parents petitioned for legal custody. From then on there was no question—Jimmy had found a permanent home. He was tested by the pediatrician and a school psychologist. This time his IQ was in the low normal range. Both examiners predicted he would be able to attend regular school.

Jimmy was legally adopted by his foster parents just 2 years after he had been placed in their home. Fortunately, he had been originally placed in a boarding home which might later be approved as an adoptive home, so that replacement for adoption was unnecessary. This, no doubt, would have caused regression.

Jimmy is now a happy, secure child. He runs and plays like a normal child and is well behaved. He still has a slight speech impediment, but has a good vocabulary and is very inquisitive. He has a retentive memory, likes books, and has learned to write his name. He was 7 years old in March and is now attending school. The only reason he did not attend kindergarten or nursery school, was that there were no such facilities in his community. His foster parents have also adopted a little girl, and the two children are very congenial.

Manny

Manny is another child that once seemed to be unadoptable. He was born with a congenital heart condition. He underwent open-heart surgery for

banding the pulmonary artery and has since been in and out of the hospital several times. The doctor, who admitted him the last time in February 1961, said that he probably would not live very long.

Manny had been removed from his own home under court action because of neglect. He was weak, listless, and wheezed when he breathed. Placed in a good foster home after discharge from the hospital, he, too, responded to the patient, loving care of his foster parents. After 3 months in the foster home, he was walking and talking quite well, was toilet trained, and seemed happy and secure. His physical condition has improved to such an extent that now there are no restrictions on his activities. As in Jimmy's case, Manny's foster parents have fallen in love with him and have already petitioned to adopt him.

Mack

Another entirely different type of handicapped child is Mack who was born without legs. Otherwise he was a healthy, attractive baby. His parents were so horrified by his handicap that they refused to take him home from the hospital. He was placed in a boarding home with a foster mother who had previously been told about his condition, who was not shocked when she saw him, and who had the capacity to love him for himself. Arrangements were also made, through the State Crippled Children's Service, to take him to the Amputee Center in Grand Rapids, Mich.,[1] where after two visits he was fitted with a prosthesis.

Mack's first prosthesis was a plastic bucket which fit his hips and was fastened to a dolly so that he could move about with the aid of crutches. His sturdy body, strong arms, and a strong spine were assets in using this walker, which he loved because it enabled him to go places.

Mack is now 3 years old. At the age of 2 he was fitted with artificial legs, and he quickly learned to walk.

Mack is a happy child and has such an outgoing personality that he readily sells himself. He learned to talk early, could feed himself before he was 2, and was partially toilet trained. His desire to be independent was an asset in motivating him to use the artificial legs he will always need.

Fortunately there were foster parents who would accept Mack and who helped develop a better understanding of handicaps in their entire community. Some of their neighbors changed from attitudes of horror and ridicule to over-solicitousness. Others, as soon as they were exposed to the foster parents' and worker's enthusiasm and optimism, accepted him wholeheartedly. The State Crippled Children's Service, the Missouri Society for Crippled Children, the county court, and the child welfare services of the Division of Welfare, State Department of Public Health and Welfare, contributed both money and service to meet Mack's needs.

On one of our trips to the Amputee Center with Mack, the child welfare worker and I learned that two of the most severely handicapped, but apparently happy, children we saw there had been adopted. One of them had been born not only without legs, but also with a severe mouth deformity. When he was born, his lower jaw, lips, and tongue were fused together. They had to be separated by surgery before he could swallow, chew, or talk.

This child, now 8 years old, is able to walk and run well on his artificial legs without the use of crutches. His mouth is still deformed, but he can talk audibly and eat solid foods. Never have I seen a happier child or prouder adoptive parents. They told us that he had done more for them than they could ever do for him and that they had no regrets for the many hours spent in taking him to clinics

This is Mack, born without legs and deserted by his parents, but now happily established in the home of adoptive parents.

and in teaching him to use his prosthesis, nor for the money they have spent on him and will need to continue to spend to help him develop to his maximum capacity.

This convinced us that somewhere there were parents for Mack, too. The next step was to obtain accurate diagnoses of both his mental and physical potentialities. Then efforts were made to find a permanent home for him.

When he was 2 years and 4 months old, Mack was placed for adoption with a couple who when they had applied for a child had not thought of a handicapped child but who, the worker sensed, had that "plus" quality needed by parents of the handicapped. She arranged for them to meet Mack and he readily sold himself to them.

Mack's adoptive parents realize the responsibility they are assuming in accepting this permanently handicapped boy as their own, but they have no qualms about it. Aged 35 and 31, they have a son of their own aged 12. They live in a small town of 1,500 people, where Mack has already endeared himself to their friends and neighbors.

Attaining the Goal

Unfortunately there is still much disregard for the value and rights of every individual, regardless of his condition. Who can predict which child may make the greatest contribution to society and which one is "worthy" of being helped? One of the doctors at the Amputee Center was a double amputee—as was the man who made the prosthesis. What a loss to society if they had been cast aside or neglected because of their handicaps!

Not long ago a 13-year-old boy who was born without legs was presented the St. John Ambulance Life Saving Award for saving a friend from drowning. A 10-year-old North Dakota boy, born without hands or feet, was named the 1960 National Easter Seal Child. This boy, with the use of artificial legs and hands, plays baseball, shoots marbles, is a Cub Scout, and receives better than average grades in school. Many severely handicapped children, if given a chance, can become self-supporting, responsible citizens. This "chance" involves receiving not only correction of their defects insofar as possible, but also the tender loving care and security of a home of their own.

In order to attain what should be our goal, *a home for every child who is free for adoption*, further attention needs to be focused on effective ways of achieving this goal. Briefly, in planning for a child with a severe handicap or an undiagnosed serious illness—it is well to select foster parents who might adopt, but it is important to let them understand clearly from the first that adoption may or may not be possible.

Potential adoptive parents should be involved in helping the child to become adoptable. They may grow to love him during his period of helplessness and dependency. The younger a child is placed, the more readily will he be acceptable and responsive.

The child should always be honestly presented, but not oversold. Foster parents should not be made to feel they are expected to adopt the child. Neither should they be made to feel guilty if they have done all they can and the child does not respond, or it is found that their home does not meet his needs. If the child sells himself to the foster parents, if the worker is convinced of the high quality of love and care given him, and if the foster parents ask to adopt him, their wish to do so should be given serious consideration.

The "Child Welfare League of America Standards for Adoption Service," states:

> **Consideration should be given to supplementing the income of families that have the essential qualifications to meet the needs of children for whom there are insufficient homes, but whose income is too low to assume the full cost of care of a child. In this way children who might otherwise never be placed for adoption might be given the emotional security of legal adoption at no greater cost to the community than for long-time boarding home or institution care. A new group of applicants might be reached who do not apply because of limited income. Some boarding home parents to whom a child has become attached might be able to adopt him if financial support were continued.[2]**

In following these standards, goals must always be realistic. All community treatment resources available must be put to use in meeting the "special" child's needs. In planning for these "special" children, the child welfare worker should not only possess professional skill, but an abundance of courage, imagination, faith, and initiative. Backed by these qualities, efforts expended for "special" children can succeed.

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How questions of function and social change affect . . .

PROFESSIONAL EDUCATION FOR PEDIATRIC NURSING

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EFFECTIVE EDUCATION for practice in any professional field is related to two interdependent and crucial factors: the functions the profession serves in society, and the nature of the problems faced by the profession because it has these functions. Both of these factors are influenced, in turn, by significant changes in the world in which we live.

Because nursing's functions have never been clearly delineated, educational programs in nursing have had to be based in large measure on assumption.

There are a number of current views about nursing's functions and the nurse's appropriate areas of activity. The discrepancies in these views account, at least in part, for differences in educational programs and in the expectations of practitioners of nursing, and for some existing confusion about what nursing is. Some persons regard nursing as a skill rather than as an applied science, an academic discipline, or a profession. Among these people are some registered nurses, physicians, basic scientists, and many academicians. Many physicians tend to believe that nursing consists solely of delegated activities in medical care, though some will concede that public health nursing is somehow different. Many nurses, hospital administrators, and medical sociologists think registered nurses should function primarily in managerial and supervisory positions where they are responsible for the business management of units of health agencies and for the supervision of auxiliary personnel who provide the nursing service.

In recent years, however, a growing and increasingly more vocal group of nurses have begun to question the movement of the nurse away from the patient and nursing practice toward administration and the provision of medical care.

The nursing educator stands among these conflicting views and is forced to crystallize her own system of beliefs and assumptions about nursing as a profession and about nursing's functions. The form and characteristics of the educational program will depend upon this system of beliefs and assumptions. Therefore, any discussion about the preparation of the pediatric nurse must be prefaced by an explanation of the specific assumptions underlying what is to be said.

I assume that nursing is evolving as a learned profession and an academic discipline. The emphasis in the educational program, therefore, must be on knowledge and its use conceptually as well as practically, and not on rules or methods in practice. I also assume that nursing can and does make a contribution to society through direct service to patients, and that this contribution is distinct from, though related to, the contribution made by the medical profession.

I believe that nursing's primary function is concerned with care rather than cure, with giving the individual support under his present circumstances

and helping him to cope with the health problems he faces. Appropriate nursing action of this kind is not simply a skill to be learned or mere human kindness. Such action cannot depend upon common sense or intuition. It requires scientific knowledge of high order. I believe this to be true of all nursing and especially of pediatric nursing.

Some people speak disparagingly of care as an insignificant component in nursing. Others who grant that care is important will not grant either that care activities do or might have a basis in science, or that they might be an important focus of professional activity, in spite of the increasing knowledge in the psycho-physiological and the socio-psychological fields which shed light on the kinds of care that patients need. Nevertheless, the burden of proof as to the significance of care as nursing's primary function, and the scientific bases for care activities in nursing, must rest on the field of nursing.

Education for professional practice in pediatric nursing begins at the undergraduate level. The basic program offered at this level is a generic one designed to produce a competent, generalized nursing practitioner—a nurse who can function effectively with people of all ages, sick or well, acutely or chronically ill. Such a program must provide a sound and reasonably broad basis in knowledge, sufficient to enable the future practitioner to cope adequately with the common nursing problems which she will meet in caring for patients. Offerings in the humanities, a rich background in the natural and social sciences, and appropriate content and practice in nursing are essential components of the program.

The graduate of this program is prepared to offer nursing service to adults or children in a hospital, a public health setting, or a school. She is not prepared to recognize or handle all of the nursing problems with which she might be confronted. Her knowledge is greater than her skill in the use of knowledge. She has been trained, however, to observe carefully, to think in conceptual terms critically and analytically about her observations, and to seek help when it is needed.

The nurse who continues her study at the graduate level may decide to concentrate on the field of pediatric nursing. If she does, she will be expected to extend her knowledge in this field and increase her competency as a practitioner. The subject matter of nursing studied at the graduate level does not necessarily differ in kind from that considered at the undergraduate level. The difference in graduate study is the focus on selected aspects of the subject matter and the exploration of these aspects in depth and breadth.

The graduate student supports her advanced study of nursing through continuing study in one or more of the natural or social sciences. She is also expected to consider the limitations in knowledge in the field and to prepare herself systematically to extend the knowledge available. The graduate student may also study in a functional area, equipping herself with the knowledge and tools for teaching, consultation, supervision, or higher level administration.

Questions of Focus

The two major questions for both levels of education are: *what knowledge is needed?* and *for what purposes?*

Striking changes have taken place in the kind and the character of childhood health problems listed in morbidity and mortality reports and cited in the literature, and such changes will undoubtedly continue. Childhood diseases of great importance in years past have disappeared or have been controlled. New medical diagnoses have appeared on the scene. The kinds of behavior problems for which parents seek help seem to have changed; masturbation, for example, no longer appears to concern parents as greatly as questions of child-parent and parent-child relationships. The conception of what constitutes a health problem has been broadened to include such social problems as juvenile delinquency.

Whether these changes represent a basic change in the problems of interest to the health professions, and particularly to nursing, is open to question.

The professions exist to serve man in society, and they have tended to be oriented to the practical problems which man faces. Health problems have been identified through empirical observations and the bodies of knowledge in the professions have been largely empirical. With some notable exceptions, only relatively recently has there been a general move in the health professions toward blending empirical knowledge with conceptual explorations which seek to explain and predict.

Similarly educational programs in nursing traditionally have been focused on the practical problems which patients face or might face. Students in pediatric nursing, for example, have been taught the symptoms, pathology, medical therapy, and nursing care for a wide range of diseases treated as discrete entities. They have been taught about the common behavior problems of children, such as lying or enuresis, in much the same manner. The normative

approach has been used in teaching growth and development; that is, that children walk and talk at certain ages, are ready for toilet training at a certain time, and so on. Graduates of such programs have been ill prepared for changes in the nature of the practical problems with which they are confronted. Moreover, the limited knowledge provided has encouraged circumscribed thinking and action.

It is possible, with the knowledge now available through work in many disciplines, to delineate and organize in nursing courses knowledge of a higher level of abstraction and generalization which is relevant to many of the practical problems the child and his family experience. Knowledge of this order might be developed around what could be called conceptual problem areas to distinguish this approach from the practical problem approach.

Conceptual Problem Areas

These conceptual problem areas can be divided for purposes of discussion into two major categories: developmental and care-of-the-sick.

The developmental category is composed of problem areas which are related to the human processes of maturation and socialization. They have to do with the growth and development of a child and a family in a given community and culture. Some of the problem areas in this category are: maternal behavior and maternal role learning, affection and affiliative behavior, fetal-newborn physiological adaptation, oral behavior, excretory behavior, dependence-independence, aggression, achievement, sexual behavior, reproductive behavior, and physical-physiological growth cycles. Knowledge offered in nursing courses centered on these problem areas would consist of a synthesis of knowledge drawn from many fields and an extension of this knowledge when possible. Course work in child psychology, and in the physical, emotional, and social growth and development of children, would be a prerequisite to undertaking this course work in nursing.

The care-of-the-sick category consists of problem areas which have to do with illness, injury, or defective development. Problem areas within this category have relevance for disease processes or psychosocial malfunctioning, for medical or nursing diagnostic and therapeutic procedures, for institutionalization, and for the immediate and long-term effects of these factors on maturation and social development. The identification of problem areas within this category is made more difficult by nursing's responsibilities in medicine, for some of the problem areas of necessity represent primarily the medical interest. The list of problem areas within this category might include: affectional deprivation, invasion of privacy, depersonalization, rest and sleep, sensory deprivation and social isolation, oxygen deprivation, restrictions in movement or in food and fluid intake, fear, pain, and the like.

The problem areas listed in these two categories are not all of the same order, nor can they all be treated on the same conceptual level. There is also overlapping within and between categories. Such a listing might be helpful, however, in providing the framework needed for the development of an integrated body of subject matter basic to nursing practice. The undergraduate student would be introduced to essentially the whole scope of knowledge of the nature suggested here in 2 to 3 years.

The graduate student in pediatric nursing would concentrate on selected problem areas, depending on her interests, the body of knowledge available, and the significance of the area in practice. She might, for example, explore sensory deprivation in proseminar and seminar nursing courses while adding to her understanding of this phenomenon through continuing work in neurophysiology and social psychology. The knowledge and understanding thus acquired would add immeasurably to her ability to cope with the problems presented by children who are blind or deaf or have eye surgery, who are confined to respirators or spend long months immobilized in casts or traction, or who are hospitalized for days or weeks or months with a minimum of human contact or interaction or of variation in the physical environment. Such study should also provide a basis for systematic investigations about sensory deprivation, in order to establish a scientific rationale for nursing assessment and intervention.

The conceptual problem areas suggested here obviously are not the exclusive interest or concern of the nurse, but are also of interest to members of other helping professions as well as scientists in several disciplines. The configuration of knowledge in these areas offered in training would differ in the various professional programs, according to the purposes for which knowledge is needed, the content of the nursing courses depending on the nurse's function.

The Uses of Knowledge

If nursing's contribution to society is made through direct service and is the outcome of care, as I believe it should be, the educational program must prepare the prospective pediatric nurse with the knowledge

needed for direct service in defending, supporting, and assisting children and their families in the health-illness complex. If society's need for nursing of this kind is to be met, the majority of professionally prepared pediatric nurses must be allowed and, indeed, encouraged to remain direct service practitioners. This will be possible only if health agencies are sufficiently reorganized to permit business management to be delegated to persons other than nurses and to provide for recognition of increasing competency in nursing practice.

It will always be necessary to draw some nurses, prepared at the graduate level, from direct practice to serve as teachers, consultants, administrators, and full-time research investigators. It is important for these nurses, with the possible exception of the researchers, to find ways to maintain and improve their competencies as practitioners in the field, since their effectiveness in the communication of knowledge and the improvement of practice will depend heavily on their own competencies in practice.

Nurses to carry out the teaching, consultant, administrative, and research functions of nursing are in short supply, and their numbers must be increased. The profession, however, has an obligation to find ways of utilizing their knowledge and skills more effectively. New teaching tools and techniques, a different view of clinical practice, and increased recognition of the student's responsibility for learning may be of help in alleviating the teacher shortages. Consultants and administrators who are relieved of peripheral duties by auxiliary personnel so that they can focus their attention exclusively on nursing may be able to extend their services further.

Nurses prepared at the baccalaureate level for direct service to patients are also in short supply, and determined efforts must be made to increase the number of senior college students enrolled in nursing programs. Such efforts will not be successful, however, unless educational programs in nursing are intellectually exciting and personally satisfying, and unless the potential rewards of practice promise to be comparable to that in other professional fields. Marked changes will be necessary in many educational programs and in almost all nursing services if recruitment efforts are to succeed.

Shortages in other categories of nursing personnel may be more apparent than real since current organizational and operative patterns in nursing services often do not allow the best possible utilization of personnel. An orientation to tasks, fixed routines, categorical activity assignments, and the like may serve industry well, but such patterns in health agencies can only lead to patient dissatisfaction and inflexibility in the use of personnel. Careful study in this area is essential.

The pediatric nurse who has a sound grasp of the wide range of knowledge suggested here should be able to provide the kind of environment and learning experiences in her interactions with parents and children which will assist and support them in coping with the problems the child meets in growing up. The nurse cannot change the world in which the child lives or control his unique human experiences, but she can and should have the fullest possible understanding of that world and the parents' and child's relationship to it. Such knowledge and understanding should enable her to see beyond the practical problems being presented, and should provide a sounder basis for the service she offers. More important, it should prevent her from hasty and ill-conceived intervention in the form of rules, advice, and prohibitions.

In care of the sick, with emphasis on *care*, the well-prepared pediatric nurse is in a position to help prevent much of the psychological stress and trauma associated with illness and hospitalization today. Equally important, she can help lessen the patient's physical and physiological distress, preventing complications and enhancing the effectiveness of the medical regimen.

The nurse, who, at the graduate level, has acquired the needed theoretical basis of pediatric nursing should contribute much to future developments in the field. As a growing number of these nurses are found in organizations offering direct service to patients, they can provide the needed model and stimulation for change in other personnel, study problems in nursing assessment and intervention, develop new methods, and raise questions to be explored conceptually and subjected to systematic investigation.

Educational programs in nursing today are developing a new orientation. There is an increasing respect for knowledge and a greater understanding of what competent practice in a profession involves. There is a growing appreciation of the limitations and the potentialities of the field. There is a sounder approach to teaching and learning. Nursing is reaching toward maturity, academically and professionally.

An essay review . . .

WHO ARE THE UNMARRIED MOTHERS?

ELIZABETH HERZOG

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IN his recently published book, "Unmarried Mothers,"* Clark Vincent has cast new light on an old question: Who are the unmarried mothers?

Throughout the years, different answers have been offered to this perennial question. There has hardly been a time in this century when it has not been considered important and when some answer has not had wide currency—usually naming a specific group as the one from which *the* unmarried mother comes.

It is sensible and practical to be concerned with this question. The answer is important in itself and also as a clue to *why* there are unmarried mothers. A clue, however, is only a clue. The "who" in itself may not reveal the "why," even though it is a prerequisite to discovering the why.

There is a double need to know as much as possible about who the unmarried mothers are, and why. For one thing, misunderstanding of the causes is likely to block improvement. For another, prevailing assumptions about the who and the why (whether correct or incorrect) will determine how problems resulting from illegitimacy are viewed, and what the society is willing or able to do about them.

The prevalent answer to the recurrent question has varied from year to year, although there are always dissenting minorities. And the answer given most credence at the moment is what chiefly influences professional practice and public policy.

Clark Vincent presents the answers typical of different decades in brief sketches, further condensed (and oversimplified) here:

The period	*Emphasis on—*
Before 1930	"Inborn" immorality, bad companions, mental deficiency
During the 1930's	Environmental sources of behavior (poverty, broken homes)
Late 30's—early 40's	Culture, life ways
The 40's—early 50's	Psychological and psychiatric explanations
Mid- and late 50's	The sick society

Vincent's summary (as he gives it) brings out, not only the changing emphases, but also the fact that each successive theory was documented by reports of the particular kind of unmarried mothers that would confirm it. Conceivably, radical changes in the population of unmarried mothers have occurred, and unmarried mothers were in fact more likely to be mentally below par before 1930 than later. But beyond doubt, the generalization of the moment, as it changed from year to year, was based on lopsided samples.

Therefore, as Vincent comments, "much—if not most—of the existing data about unwed mothers may tell us less about factors contributing to illegitimacy than about the clientele of given charity

*Vincent, Clark: Unmarried mothers. The Free Press of Glencoe, New York, 1961. 308 pp. $6.

institutions, social agencies, outpatient clinics, and physicians in private practice."

On the encouraging side, recent research has shown renewed interest in social-environmental aspects, without relinquishing interest in psychological and psychiatric aspects. There is always a danger of chronological snobbery in claiming that today we are less naive than the investigators of 50 years ago. Actually, some investigators of 30 years ago were saying what so proudly we hail today as the birth of new wisdom. The difference, however, is less in what is said at any moment than in what is heeded. And today there does seem to be somewhat more readiness than before to accept multifaceted theories about who the unmarried mothers are, and multifaceted speculation about why. If there is indeed such a change, no one has contributed to it more directly and substantially than Clark Vincent.

A Challenge to Stereotypes

The three-part study woven into the book is directed toward the key question: who are the unmarried mothers? The refreshing part of this effort is the refusal to settle for the captive-audience approach that has so long distorted our picture of unmarried mothers, and accordingly has warped our ideas about possible causes and cures of problems relating to illegitimacy. Dr. Vincent's findings challenge a number of single-factor theories about illegitimacy. His data come from a county hospital, maternity homes, and 500 physicians in private practice. The private patients, especially, challenge the picture of *the* unmarried mother as immature and dependent—physically, psychologically, and socially. They tend, on the average, to be older than the unmarried mothers found in maternity homes or social agencies, and to be economically and psychologically more self-sufficient. A careful study of national statistics would at least confirm Vincent's picture of chronological age, for a majority of unmarried mothers (60 percent) are 20 or over, even though a majority (68 percent) of unmarried women of childbearing age (14–44) are under 20.

As Vincent points out, research has neglected the college-educated unwed mothers employed in white collar and professional jobs, and between 20 and 29 years old.

The lack of information about this particular *age group* is inconsistent with the estimated national increase of over 300 percent in their illegitimacy rate between 1938 and 1957 (as compared with the 108-percent increase among 15- to 19-year-olds); but it is consistent with the fact that many of them do not represent a social problem in the usual sense. . . . These women are likely to travel incognito from their own State to another, where they are attended by physicians in private practice, live independently during pregnancy, and have their medical expenses paid by couples to whom they release their children for adoption.

This is the group whose out-of-wedlock pregnancies are most likely to go unreported.

It is seldom that empirical findings, theoretical considerations, and recommendations for practice are as effectively blended as in this book. On all three levels the material is thoughtful, thought-provoking, and well stated. Yet it is the empirical findings (and the planning behind them) that give the book the characteristics of a breakthrough. One may accept or reject the theoretical discussion—though much of it would be hard for this reviewer to reject. One may accept or reject the recommendations on services for unmarried mothers—and apparently some practitioners do quarrel with some of them. But one can only applaud and be grateful for the investigations reported and for the way they are interwoven with the findings and theories of others and with the available national figures and estimates.

Persons concerned about illegitimacy should be grateful, for the refreshing realism of the questions asked, the ingenuity and unpretentiousness of the means for answering them, the library research that enriches them, and the scrupulous qualification, where qualification is due.

True, the gratification may somewhat resemble the gratification of the emperor when the little boy finally convinced him that he was not unfit but merely undressed. Dr. Vincent's findings raise questions about a number of opinions that sometimes parade as fact. As he points out, the studies reported here will require replication before they can be extended to sweeping generalizations. However, even before further investigation, they cut the ground out from under certain generalizations that appear with considerable frequency, including the following:

- **The unmarried mother is immature and dependent.**
- **The unmarried mother is typically a product of a broken home.**
- **The higher illegitimacy rates among nonwhites are due primarily to ethnic and cultural factors.**
- **Pregnancy out of wedlock is a symptom of emotional disturbance and/or disturbed family relations.**
- **Relations between unmarried parents are for the most part of a fleeting and casual nature.**
- **The unmarried father's relation to the unmarried mother is exploitative.**
- **Financial considerations determine the unwed mother's choice of an adoption outlet.**

As has been said ideas about the causes and cures of illegitimacy are greatly influenced by ideas about who the unwed mothers are. They are influenced also by ideas about the setting that has produced the unwed parents and their offspring. Like some other investigators before him, Vincent finds a good deal to condemn in the complex of social sanctions that encourages illicit coition and censures illicit pregnancy, while welcoming the product of illicit pregnancy (if a healthy white baby available for adoption) and occasionally giving the unmarried mother better breaks than the married mother.

Vincent is stern in his insistence that efforts to understand and help those whose behavior violates our social norms should be balanced by efforts to understand and help those whose behavior supports legitimate marriage and family life. He adds that far less research, attention, and money are expended in behalf of those whose behavior conforms to social norms than in behalf of family failures. And he observes that we must expect to live with the consequences of the values we manifest through our actions rather than of those values which we proclaim with words.

IN THE JOURNALS

Institute for Judges

The origin and first year's offerings of a 10-week institute for juvenile court judges inaugurated at the University of Minnesota in the summer of 1961 are described by the director of juvenile delinquency programs of the university's Center for Continuation Study, in the April issue of the quarterly, *Crime and Delinquency*. ("A Training Course for Juvenile Court Judges," by Eugene H. Burns.) Financed by a grant from the National Institute of Mental Health, the institute was attended by 17 judges, most of them from small communities in Minnesota or elsewhere, who received a stipend for living expenses.

The author reports that the judges spent the first 3 days of each week attending classes, making field trips to social agencies and institutions, and in local juvenile court operations, and returned to their home communities for the rest of the week. The classes focused on juvenile court law, principles of child growth and development, factors contributing to delinquency, the prevention and treatment of delinquent behavior, communications and public relations, and organization and administration of the juvenile court.

The author presents a set of qualifications, based on the opinions of institute participants, for effective juvenile court judges: training in law; an ability to accept differences in others and to base decisions on the long view of things; and willingness to work with other persons and agencies in combatting juvenile delinquency.

He regards the institute, which is being given again this year, with some modifications, as a step in the direction of Sheldon Glueck's proposal for development of a separate profession of juvenile court judges.

Care at Midway

For the emotionally disturbed adolescent—who is "midway between the natural dependency of childhood and the independent status of adulthood"—a day-care psychiatric treatment program has the advantages of providing more flexibility and less stigma than hospitalization, and at less cost, and more constant and intensive supervision than outpatient services, according to Harold W. Pfautz in the April issue of the quarterly, *Mental Hygiene* ("The Functions of Day-Care for Disturbed Adolescents").

Describing a day-care project operated by the Butler Health Center in Providence, R.I., for disturbed adolescents whose illness blocks them from finding or holding work or from continuing school, the author, a co-director of the project, describes the different points at which this care entered the patients' treatment histories. In short case illustrations, he shows the various functions of the program as furnishing: a direct alternative to hospitalization; an intermediate service; rehabilitation after inpatient treatment; a refuge and followup after hospitalization; and a testing ground for treatment in hospitals with which it alternates.

Research Cul de Sac

"We are maneuvering ourselves into a cul de sac in respect to significant data relating to infancy," contends psychologist Bettye M. Caldwell, research associate, College of Medicine, State University of New York at Syracuse, in the April issue of the *Merril-Palmer Quarterly of Behavior and Development*. ("Assessment of Infant Personality.")

One of the reasons she cites is the reliance in infancy studies on "unsampled samples" of neonates in hospitals, a practice that leaves informational lacunae about events in middle and later infancy which may be critical for personality theory. Therefore, she finds predictions about personality traits based on data from such newborns "a bit presumptuous at this stage of our knowledge."

Investigators show experimental timidity in setting up research situations especially in the case of infants, the author maintains, saying this has led to much use of secondhand methods of data gathering. She also charges investigators with being preoccupied only with those problems that are tied to psychoanalytic theory—particularly with what she calls the *ignes fatui* of socialization theory: feeding, weaning, and toilet training. The fact that em-

pirical findings have litle effect on psychoanalytic theory, she says, creates a situation in which theory and research are not fulfilling their obligation of mutual nourishment.

Dr. Caldwell suggests that research workers study the infant in learning situations and in his natural habitat, and that they carry on personality studies with methods and parameters that reflect the biosocial approach.

Challenges in Public Health

With advice to the public health worker to keep his mind open to new ideas, Myron E. Wegman, M.D., dean of the University of Michigan School of Public Health, charts some new areas of public health concern in the May issue of the *American Journal of Public Health*. ("Organization for New Responsibilities in Public Health: Part I—Health Needs and Trends.") The paper is one of a group in this issue from a symposium presented at the 1961 meeting of the American Public Health Association.

Modernizing Hippocrates' concept of disease as related to air, water, earth, and fire, the author refers to the shrinking resources in the first three of these "elements," and to the increasing danger of burns or equally harmful penetration from ionizing radiation. He also sees public health challenges in the indiscriminate use of therapeutic agents and in problems derived from the growing number of human beings. While praising advances in genetics, he warns against the tendency to regard man as "a chain of organs and conduits," on which are engrafted emotional problems, instead of a totality of emotional and physical strengths and weaknesses.

The effectiveness of a public health agency, the author says, is directly related to the degree in which it encompasses factors in the social environment that affect health and well-being.

In another article ("Medical Care") from the same symposium, Martin Cherkasky, M.D., director of Montefiore Hospital in New York, maintains that the quality of medical care available in a community should concern public health schools and agencies, since it has great impact on the health of the community. He cites examples of what organized consumer groups have done to bring about improved medical care.

Family Process

The first issue of a new semiannual journal, *Family Process*, published by the Mental Research Institute of the Palo Alto Medical Research Foundation and the Family Institute "to foster a development of a science of the family," appeared in March of this year. This first issue devotes its entire content to various aspects of treating schizophrenia through the family treatment process. (See "Family Study and Treatment," by Nathan W. Ackerman, CHILDREN, July–August 1961.)

Films on Child Life

FEEDING THE NEW BABY. 13 minutes; sound; black and white; loan.

Demonstrates the preparation of the formula, washing, and care of nursing equipment; stresses the need for warmth and tenderness while feeding the baby.

Audience: Prenatal and maternity classes.

Produced by: The Kendall Co.

Distributed by: Association Films, Ridgefield, N.J.

CHILDREN IN THE HOSPITAL. 44 minutes; sound; black and white; purchase.

Depicts the spontaneous activity of children (4- to 8-year-olds) on the wards at Boston City Hospital and illustrates how they respond emotionally to the stress of illness, hospitalization, and separation from parents; presents some of the mental health implications of the experience and phases of hospital life as the child sees it; and points up the kinds of support offered to the children by specialized staff and others.

Audience: Doctors, nurses, social workers, and psychologists; and also, with a professional discussion leader, selected lay groups.

Produced by: Edward A. Mason, M.D., with the cooperation of the Harvard School of Public Health, National Institute of Mental Health, Boston University School of Social Work, and Children's Mission to Children.

Distributed by: International Film Bureau, Inc., 332 South Michigan Avenue, Chicago 4, Ill. In Canada: Educational Film Distributors, Ltd., 577 Jarvis Street, Toronto 5, Canada.

A MORNING FOR JIMMY. 28 minutes; sound; black and white; purchase or loan.

Tells the true story of a Negro high school boy who encounters employment discrimination because of his race, and whose feelings of frustration are nourished by his father, a trained bookkeeper who works as a red cap. The boy's high school teacher encourages him to seek further education and training by taking him to meet several Negroes who are successful in varied technical and professional occupations.

Audience: Civic groups, students, PTA's high school teachers, counselors, employers, and general public.

Produced by: The National Urban League, N.Y.

Distributed by: Association Films, Ridgefield, N.J.

WHERE CHILDREN COME FIRST. 28 minutes; sound; rent or purchase.

Presents the varied program of the National Congress of Parents and Teachers in its efforts to cope with the needs of children in such areas as parent education, health supervision, safety education, and guiding adolescents in planning a code of behavior.

Audience: PTA's, civic groups, women's clubs, and meetings of mental health societies.

Produced by: Dallas Jones Productions, Inc.

Distributed by: The National Congress of Parents and Teachers, 700 North Rush Street, Chicago 1, Ill.

BOOK NOTES

CHILDHOOD SCHIZOPHRENIA. William Goldfarb. Harvard University Press, Cambridge, Mass. 1961. 216 pp. $4.50.

The author has culled, in this book, the fruit of several years of enquiry into what distinguishes schizophrenic children from normal children and what differentiates the subclasses of schizophrenia from each other.

He reports on testing a group of children referred as schizophrenic to the Henry Ittleson Center for Child Research, which he directs, describing the emergence of two etiologic clusterings among the children: the "organic," or brain-damaged, who might be simply mentally deficient in another family environment; and the "nonorganic" whose condition reflects the interplay of family psychosocial dynamics and the child's ego competence.

Two chapters devoted to these subclusters point to the general superiority of the "nonorganics" over the "organics," especially in overall adaptive and functional competence.

Having found many more among the schizophrenic group in the organic class than the usual neurological test had indicated, the author argues for the sharpening of the diagnostic criteria through careful descriptions of pathological phenomena over long periods. He maintains that the direction should be towards assaying (1) the adequacy of the child's physiological basis for receiving and evaluating impressions and conceptualizing and acting; and (2) the adequacy of the child's psychosocial milieu for ego development.

HEALTH SERVICES FOR MOTHERS AND CHILDREN. Helen M. Wallace, M.D. W. B. Saunders Co., Philadelphia, Pa. 1962. 466 pp. $10.

"Health Services for Mothers and Children" is a textbook written for public health personnel of many disciplines who are involved in the health care of mothers and children, either in organizing or administering programs or in giving direct services. The historical development, the organization of care, and the trends in health services for mothers and children are traced. The author has divided her subject matter into the following sections: maternity and newborn period; child care, including growth and development of children, health supervision, school health and hospital care; services for children with various handicapping conditions; other special services such as foster family care, day care, and homemaker service.

Two chapters, "Emotional Growth and Development of Children" and "Effects of Separation of the Child From His Family," were written by Dr. John A. Rose.

Although there have been significant accomplishments in improving the health of mothers and children, according to the author, there are many remaining problems and unmet needs such as the failure to reduce perinatal mortality and to lessen the incidence of disability among surviving infants. The author also discusses ways of closing the gap between what is known and what could be done to bring additional health benefits to mothers and children. Throughout the book are lists of activities which should be a part of official health agency programs for mothers and children: for example, steps which could be taken to prevent pregnancy wastage, especially among women with a previous complication or unfavorable outcome of pregnancy.

THE PSYCHOANALYTIC STUDY OF THE CHILD. Ruth S. Eissler, Anna Freud, Heinz Hartmann, Marianne Kriss, editors. International Universities Press, New York. 1961. 563 pp. $8.50.

As in earlier volumes of this annual series, the editors unfold a broad sampling of contemporary theory on personality development, infused with clinical material from direct observation and treatment of children.

The book's 25 papers are in three parts. The first, comprising contributions to psychoanalytic theory, opens with a preliminary report of a study of the psychological processes in pregnancy and of the earliest mother-child relationship. Also included are papers on the development of symbolic thinking and on the roles of libido and aggression in the development of pathology. The second part, on aspects of normal and pathological development, contains, among others, papers on the development of the blind, integration of psychic structures, adolescent psychic structures, the role of verbalization in early childhood, and the effects of deprivation on institutionalized infants.

Included in the final group, on clinical contributions, are reports on the treatment of a blind child, on behavior disorder and ego development in a brain-injured child, and on the emotional sequelae in a 6-year-old Yemenite girl, of an operation for cataract.

MENTAL RETARDATION. Proceedings of the Association for Research in Nervous and Mental Disease, December 11–12, 1959, New York City. Williams and Wilkins, Baltimore. 1962. 331 pp. $15.

The 23 papers in this volume offer a multifaceted look at intellectual inadequacy, whether from organic defect or from social or environmental interference. With focus on findings of recent investigations, the contents cover five broad areas: the developmental process; genetic factors; prenatal defects; neonatal injuries; environmental deprivation; and treatment.

CUMULATIVE INDEX TO NURSING LITERATURE, 1956 to 1960, Volumes 1–5. Edited by Ella J. Crandall and Fumiko Oiye. Glendale Sanitarium and Hospital, 1509 East Wilson Avenue, Glendale, Calif. 1962. 913 pp. $20.

1961 January–June Supplement. 1962. 84 pp. For two semi-annual parts, $10 to subscribers or $12.

Synthesizing five annual cumulative lists of the nursing literature into a single volume, the 1956–60 index contains over 34,000 references to items in 17 nursing journals, arranged alphabetically first by author, then by subject, and then cross-referenced.

The supplement for January–June 1961 is the first of a planned series of semiannual cumulations which indexes articles from 23 periodicals including some hospital and medical journals.

HERE AND THERE

Peace Corps

By the middle of June 1962, after 15 months of operation, the Peace Corps had 3,000 volunteers serving overseas or in training, about one-third of whom were women. The average age of the men was 24 and of the women, 25; 42 were under 20 years of age and 6 were more than 60 years old. Peace Corps volunteers were working in 16 countries in Asia, Africa, and Latin America. By September 1962, more than 4,000 volunteers are expected to be overseas or in training here.

All of the 12 countries in which volunteers were stationed as of March 1 had requested more; and 20 other countries had asked for volunteers.

This summer Peace Corps volunteers will depart for 28 projects, the majority of them concerned with education, agriculture, health, and community development. In a project in Honduras, 12 graduate social workers will direct casework, supervise community organizing, and teach; 2 child-care workers will supervise a day-care center and a residential center; and 14 nurses will work in hospitals and health centers.

In October, a Corps-sponsored international conference will be held in Puerto Rico to discuss the pressing needs in developing countries for the kind of manpower the Peace Corps has concentrated on sending: persons with "middle-level skills"—somewhere between the unskilled, and the top-level specialists offered in other aid programs.

Meshing Efforts

Scores of public and voluntary agencies are cooperating with the Peace Corps, helping to recruit volunteers, lending skilled technicians, and providing equipment and facilities for its projects, and, in some instances, helping to administer them.

The State Department, parent agency of the Corps, before approving a Peace Corps project, evaluates it against a background of other American activities in the area, then serves as a reservoir of area information and advice at each stage of planning, development, and operation, and furnishes administrative support and guidance in the field. The Peace Corps also draws information from the State Department's Agency for International Development (AID) from the U.S. Information Agency and from the Office of Education, Department of Health, Education, and Welfare. AID also gives administrative backstopping to the Peace Corps in countries where both have missions. In this case, when the two agencies work in the same program, they dovetail their efforts at different levels—as, in malaria control in Thailand where AID gives specialized advice to top officials of the health ministry, and Peace Corps laboratory technicians work alongside their Thai counterparts. Or the agencies work in different phases: Liberia's schools which received substantial assistance from AID are now partially staffed by Peace Corps teachers, who, in some cases, substitute for local teachers being further trained through AID.

The Department of Agriculture, besides advising the Corps on how to deal with farm communities and furnishing technical information, has arranged, through its Federal Extension Service, for representatives in each State extension service to act as sources of recruiting information. Other Federal departments furnish the Corps with mailing lists that have potential for supplying applicants in desired fields.

The Public Health Service has detailed about 25 physicians to the Corps. Together with four volunteer physicians working in rural health clinics in Togo, these doctors comprise the Corps medical staff, with duties that include surveying proposed project sites to estimate the health needs of volunteers, arranging for health care of volunteers, and when possible, giving volunteer help to the host countries' medical programs.

In a pioneer try at United Nations-Peace Corps collaboration, the Food and Agricultural Organization is expected by August to have 3 Corpsmen working in an animal health project in Malaya, and later 20 in irrigation work in East Pakistan. Corpsmen were also expected to join projects of UNESCO, the International Civil Aviation Organization, and the U.N. Technical Assistance Program.

Among voluntary agencies that will be directing Peace Corps projects overseas, as of August 1962, are: the National 4–H Foundation, with 43 volunteers developing 4–H work in rural communities in Brazil, and a similar number in Venezuela; the Near East Foundation, with 47 volunteers in vocational agricultural teaching in Iran; the Young Women's Christian Association, with 20 Corpsmen in a public housing project in Chile—teaching, among other things, child care and personal hygiene; CARE, with more than a hundred in Colombia, working in community development, welldigging, and building sewers and roads; Heifer, Inc., with 15 Corps volunteers in St. Lucia and 59 in Ecuador doing agricultural extension work; the Agricultural and Technical Assistance Foundation, with 10 volunteers teaching agriculture in Thailand and 22 doing rural youth work in Sarawak; the Experiment in International Living, with 20 volunteers in Pakistan helping to build a model community; and International Voluntary Services, with 30 volunteers developing rural schools in Liberia.

Educational institutions are also administering Peace Corps projects: Notre Dame University, in Chile; Colorado State University, in West Pakistan; and Michigan State University, Harvard University, and the University of California at Los Angeles, in Nigeria. A project to be initiated in the Somali Republic in August will be directed by New York University.

The Groundwork

Besides serving as bases for recruiting volunteers—about 1,600 major colleges have liaison workers furnishing information about the Corps to potential applicants—some 43 universities have been taking part in volunteer training, which is now in three phases: the first is typically pursued in universities in this country; the second, mainly physical and mental conditioning, is carried out for most volunteers in Rio Abajo, a mountainous region in Puerto Rico; and the third is carried out in the host area, using educational facilities there.

Last March the Corps, collaborating with the three universities in Puerto Rico, launched a program to make that island a center for the first two phases of training for volunteers slated to serve

in projects stressing self-help in community development, largely in Latin America.

Guided by the Peace Corps-Puerto Rican Policy Board, composed of representatives of the University of Puerto Rico, the Inter-American University, and the Catholic University of Puerto Rico, this program gives the Corps access to the pooled resources of the universities and several Commonwealth departments of government. Studies in community development comprise 8 weeks at one or more of the universities, plus 6 weeks of actual work in the field under the guidance of one of the Commonwealth departments. The first contingent of its trainees, 21 destined for rural development work in the Dominican Republic, will be followed by 101 volunteers for community development projects in Peru and Ecuador, and 56 for a nutrition program in Peru.

A similar consortium of universities in and near Washington, D.C., was also formed to help plan and carry out Peace Corps training in the Capital area. This group, called the Inter-University Peace Corps Policy Board, includes Johns Hopkins University, George Washington University, American University, Catholic University, Howard University, Georgetown University, and the University of Maryland.

—Eleonora Chatty

Joint Conference on Children and Youth

Finding ways to create opportunities for youth to achieve a more responsible role in society was the focus of concern at the Joint Conference on Children and Youth, held in Washington, April 10–12. The fifth joint conference to be sponsored by the National Council of State Committees for Children and Youth, the Council of National Organizations for Children and Youth, and the Federal Interdepartmental Committee on Children and Youth, this was the first to be held since the 1960 White House Conference on Children and Youth and the first to involve the cosponsorship of the National Committee for Children and Youth, the followup coordinating body created by that conference. Attending were 442 members of the sponsoring agencies' constituent organizations, including 57 young people of high school or college age.

The young people participated along with the adults as speakers, panelists, and roundtable discussants. As in the White House Conference, they called repeatedly for chances to prove themselves by being given more responsibilities and being allowed to make their own decisions. As Mary Helen Worthy, teenaged president of the Oklahoma Youth Advisory Board, put it at the opening session: "We can meet our own responsibilities if we know what is expected of us."

The importance of youth participation in community affairs was stressed in almost every session. But one young panelist, asking "what about the Freedom Riders?" said he resented the implication that the youths of today are not interested in public affairs. Others referred to the success of the Peace Corps as evidence that young people are eager to serve their fellow men, and asked about the possibility of a "domestic Peace Corps" being created for service in needy areas at home.

One young man said he felt that the young people who are chosen for conference participation are not the ones who need this kind of experience the most. "Somehow," he told the conferees, "you are going to have to find a way to give this kind of experience to every young person." And a young girl suggested: "Why not a parent-teacher-youth organization?"

But there were some participants—adults and youth alike—who warned against putting too much pressure on youth, already pressed with school work and peer activities. One participant asked: "Must young people be forever scheduled and organized, lest they become creative?"

Ways adults and adult organizations could help youth to find themselves and their place in society were suggested by Roy Sorenson, general secretary of the YMCA of San Francisco, in a keynote address referred to repeatedly during the conference. (See page 131.)

During part of the conference the Council of National Organizations and the Council of State Committees offered separate programs. The former presented panels of adults and of youths to discuss their respective responsibilities to create "experience opportunities" to help youth achieve social goals; and a report of an inquiry into opinions about the White House Conference, which indicated that individual reactions depended largely on experiences in the work groups. Robert Bondy, director of the National Social Welfare Assembly, urged national organizations to create volunteer service opportunities for young people, to encourage them to engage in social action, to include them on adult planning bodies, and to press for the formation of youth councils.

The Council of State Committees offered a "clinic" for new or reorganized State committees and a day-long program devoted to discussion of citizen responsibility in the legislative process, with members of both Houses of Congress participating. Rabbi Robert J. Schur of the Beth El Congregation, Fort Worth, Tex., advised agencies to lay aside their vested interests "for a super-oriented goal"—the welfare of the community as a whole.

Some areas of "unfinished business" in following up the recommendations of the White House Conference were identified at the conference's banquet by Arthur S. Flemming, former Secretary of Health, Education, and Welfare, as: racial desegregation of schools, services, and housing; the creation of greater public appreciation of public welfare programs; improvement in education, especially through Federal aid. At the closing session Ellen Winston, North Carolina State Commissioner of Public Welfare, said that the specialists in work for children and youth must become social reformers to see that *all* children and youth be provided opportunity for maximum development, regardless of the sins of their parents.

—K. C.

Federal Legislation

Provisions for training young people for job opportunities are contained in the Manpower Development and Training Act of 1962, signed by the President on March 15. The act, to be administered by the Secretary of Labor, authorizes a 3-year, $435 million program to train the unemployed and upgrade the underemployed—after study of the Nation's manpower requirements and resources. Training under the act is to be carried out under the aegis of the Secretary of Health, Education, and Welfare through agreements with State vocational education agencies, the trainees being referred by the Secretary of Labor, who will retain direct responsibility for on-the-job training.

In regard to training youth, the act reads, in part: "Whenever appropriate,

the Secretary of Labor shall provide a special program for testing, counseling, and selection of youths 16 years of age or older, for occupational training and further schooling."

Trainees 19 through 21 years of age may be paid training allowances at a rate of up to $20 a week, where such allowances are necessary to furnish them occupational training, provided that not more than 5 percent of the estimated total training allowances for the year be paid to this group. Youths 16 to 19, though eligible to apply for training, are not eligible for these special allowances.

Unemployed youths over 16 who have had 3 years of gainful employment and are the heads of families or households may, under the act, be eligible for the regular training allowances spelled out in the act's general provisions for unemployed trainees of all age groups—allowances based on each State's average weekly unemployment compensation benefits.

The Secretary of Labor is placing emphasis on the selection of untrained and inexperienced youths, such as school dropouts and other unemployed, out-of-school youth in urban areas, particularly in metropolitan areas; rural youths who need further academic or vocational preparation to qualify for jobs; and high-school graduates, including college dropouts, for whom further schooling is necessary to obtain suitable employment.

Effective July 1, the act provides for Federal financing of training costs and training allowances for the unemployed for the first 2 years and 50 percent of the cost of training employed persons, and, for the third year, financing all costs on a 50–50, State-Federal matching basis.

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To stimulate expansion of educational television, Federal funds up to a total of $32 million for a 5-year period have been authorized for helping States and local agencies to defray the cost of constructing such broadcasting facilities, through legislation passed by the 87th Congress and signed into law May 1. Under the act, the Secretary of Health, Education, and Welfare may make grants on a 50- to 75-percent matching basis, to State or local education authorities, and State, nonprofit, or State-supported organizations concerned with educational television. Grants in any one State may not total more than $1 million. Primary responsibility for planning facilities are left with the States and local organizations.

Up to the start of May, out of the 279 channels set aside for education by the Federal Communications Commission, only 62 had been used. FCC officials estimate that from 110 to 140 new stations may be activated as a result of the bill.

For Youth

With a major emphasis on developing opportunities for youth, the President's Committee on Juvenile Delinquency and Youth Crime recently made the first eight grants under the Juvenile Delinquency and Youth Offenses Control Act of 1961. (See CHILDREN, November–December 1961, p. 233.)

Three of the grants will help finance the planning of demonstration projects to mobilize community resources for all-out attacks on juvenile delinquency. This planning will involve study of the sources of the delinquency and design for programs to provide opportunities to youth in such areas as employment, family services, education, and recreation. The awards were: $124,228 to the Greater Cleveland Youth Service Planning Commission; $260,582 to the University of Houston; and $155,825 to Community Progress, Inc., New Haven, Conn.

Only one demonstration grant was awarded $1,915,000 to Mobilization for Youth, Inc., New York City, for a 3-year demonstration of a community-oriented approach to prevention of juvenile delinquency in the lower East Side.

Four grants were made for training persons who work with youth: $182,181 to Southern Illinois University to help develop a training center for personnel working with delinquents, giving courses of up to 16 weeks for teachers, judges, law enforcement officers, and social workers; $12,074 to a New York school district for a 2-week summer institute at a treatment institution, Hawthorne Cedar Knolls, to help 25 educators start or improve school programs for delinquent or emotionally disturbed youngsters; $109,200 to Hunter College for 2 years of developing and evaluating material and procedures for training teachers working in schools with large numbers of deprived children; and $36,990 to the National Federation of Settlements and Neighborhood Centers for two 6-week courses at Hull House in Chicago, each for 20 youth workers.

The grants were made by the Secretary of Health, Education, and Welfare, in consultation with the Secretary of Labor and the Attorney General, upon the recommendations of the technical review panels. The Demonstration Project Technical Review Panel examined and made recommendations on 65 planning and demonstration project applications, while the Training Program Technical Review Panel considered 32 training program requests. The former were judged for comprehensiveness of the envisioned project, wide involvement of public and private agencies, local financial commitment, and built-in mechanisms for evaluation. Training grant applications were judged on the basis of the training institutions, comprehensiveness of teaching resources, proximity to demonstration areas, a willingness to share costs, and other factors.

A new Youth Development Unit, recently established in the Children's Bureau, will provide the grantees with technical assistance. Shelton B. Granger, formerly executive director of the Urban League of Cleveland, has been appointed its Director, and Mary E. Blake, recently consultant on community services in the Bureau's Division of Juvenile Delinquency Service, as Assistant Director.

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During the past 3 years in the city and county of Dallas, the Texas State Departments of Public Welfare and Health, interested individuals, and numerous local business, civic, service, and religious organizations have contributed to the support of the Dallas County Youth Study Project, a comprehensive study of the community's services for youth which has involved the participation of every local youth-serving institution or agency in the community as well as of a number of State, Federal, and national voluntary organizations.

The study was undertaken in September 1959 by the Dallas Council of Social Agencies at the request of the Juvenile Welfare Federation, an association of 70 civic clubs and organizations, which raised $50,000 for the project from business organizations and citizens. With the threefold purpose of evaluating current services, recommending new services where needed, and

suggesting ways of increasing the effectiveness of existing services, the project has eight major sections, each under the auspices of a subcommittee of an overall citizens committee which makes the final recommendations to the community.

Already completed are studies of police services, the county industrial school for boys, and the courts and detention facilities. These were conducted by consultants from the Children's Bureau and from the National Council on Crime and Delinquency. Also completed are studies of social services for children in their own homes and in foster care, conducted by staff from the Child Welfare League of America with consultation from the Children's Bureau and the State department of public welfare, and financed by child welfare service funds. Other completed studies were: of special school services, conducted by a private outside educational consultant; of group work and recreation services, conducted by the staff of the concerned agencies with consultation from the United Community Funds and Councils of America; of church services, conducted by a private consultant; and of expenditures for various areas of service, conducted by the Council of Social Agencies.

Still underway is a study of health services, being financed and conducted by the maternal and child health division of the State department of health with consultation from the regional staff of the Children's Bureau, and from a team of outside consultants who are experts in maternal and child health, psychiatry, dentistry, and school health.

All of the studies provide a blueprint for the agencies and for community planning. In some instances the participating agencies have already carried out the study recommendations.

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Two pilot projects to study the best methods for helping to find jobs for unemployed, out-of-school youth were launched in late March in St. Louis, Mo., and Newark, N.J., by local public employment offices of the respective State employment services, with the assistance of the U.S. Employment Service and the employment divisions of the State agencies. Testing remodeled job-finding and placement programs for young people, the projects are expected to yield information on occupations with job openings for inexperienced young workers; the extent of unemployment among different age groups; the charactertistics of hard-to-place youngsters; hiring channels and factors determining job choice; the kinds of additional training needs; and problems associated with the migration of rural youth to cities, in addition to other data. They are slated to continue at least until July 1963.

WHC Followup

The National Committee for Children and Youth has recently released two publications concerned with followup of the recommendations of the 1960 White House Conference on Children and Youth: "Patterns of Organization of State Committees for Children and Youth," which describes the various characteristics, status, and functions of such committees and presents a model organization pattern, and is available at 65 cents a copy from the Superintendent of Documents, Government Printing Office, Washington 25, D.C.; and "Social Dynamite," the report of the Conference on Unemployed, Out-of-School Youth in Urban Areas, held in Washington in May 1961 (see CHILDREN, July–August 1961, page 151), containing background material, summaries of the proceedings, and the complete text of the speech by James B. Conant, available at $2 a copy from the National Committee for Children and Youth, 1145 19th Street, N.W., Washington 6, D.C.

Child Welfare

During May, the Children's Bureau allocated a total of $218,335 for 16 projects approved during that month under its program of research and demonstration grants in child welfare. The grants, the first under the program, were made on the recommendation of a 9-member advisory group following the review of 42 applications. (See CHILDREN, May–June 1962, page 123.) The selected projects will be carried out by public or nonprofit agencies and institutions in 10 States.

The grants are in two categories: (1) those for projects approved in much the same form as proposed in the application; (2) those to help the applicants to do more detailed planning within the framework of their projects and to tool up and test the proposed projects through pilot studies. Seven projects were approved in the first category and a total of 9 in the second category.

Among the 16 selected projects were studies or demonstrations focusing on: the relationship of social and cultural environment and the child's mental growth; followup of older children and their adoptive parents; the use of a college's resources to meet the needs of culturally deprived preschool children and their families; the provision of post partum casework to unmarried mothers; the selection of foster parents for disturbed children; the effectiveness of group work for teenagers and their parents in one-parent families; the relationship of institutional philosophy, practice, and structure to the restoration of family living for the child.

Additional applications, for which the deadline was June 1, will be acted upon in the fall.

Mental Retardation

Deployed in 6 task forces since the first of this year, the 27 members of the President's Panel on Mental Retardation (see CHILDREN, January–February 1962, page 33) met in Washington, March 13 and 31. Under discussion was the progress made by these groups in their search for new pathways to prevention and treatment of mental retardation, through their respective fields of inquiry. These were: prevention and clinical and institutional services; education and rehabilitation; law and public awareness; biological research; behavioral research; and coordination of community services for the mentally retarded.

Among the issues discussed were the relative weight of cultural as against biological factors in mental retardation; how to bridge the gap between research findings and clinical practice; the need to consider the residential center as only one of several treatment resources; the value of medical schools collaborating with residential centers for the mentally retarded in their teaching programs; and the need to revise educational materials and curriculum for the mentally retarded to look toward preparation for employment.

In April, 17 members of the panel, forming three foreign missions, spent 3 weeks studying community programs, residential care, and special education for the retarded in England, Sweden and Denmark, and the Netherlands.

The chairman, Leonard Mayo, and vice chairman, Dr. George Tarjan, with the assistance in two cities of Mrs. R. Sargent Shriver, special consultant to the panel, held hearings in San Francisco, Los Angeles, Denver, St. Louis, Seattle, Atlanta, and Providence, R.I., in which they listened to more than 200 persons—from some 30 States—representing mainly parents' organizations, citizens' groups, State and local agencies, and university research staffs. Subjects highlighted included parent counseling, day-care centers, State and Federal aid for special education, and public attitudes toward mental retardation.

At a meeting in June with Mrs. Shriver, Mr. Mayo, and Dr. Tarjan, the task force chairmen presented their final reports and recommendations. These will be synthesized and, together with findings of the regional and foreign surveys, submitted to the President in September.

About Vaccines

The first licenses for manufacturing Type 3 oral polio vaccine were issued by the Public Health Service to two pharmaceutical houses in late March. With the licensing of Type 3, all of the oral vaccines needed for protection against the three types of poliomyelitis can now be sold in this country. (See CHILDREN, March–April 1961, page 77.) At the same time, the Service released recommendations on the use of polio vaccines for controlling poliomyelitis during the 1962 season, based on reports of the Surgeon General's Advisory Committee on Poliomyelitis Control.

The Service urged that persons inadequately protected in 1962 receive a complete series of either inactivated (Salk) or live (Sabin) vaccine. Named among priority uses for the vaccines when supplies are limited, was immunization of the highly susceptible infant and pre-school-age groups of children, of which, as pointed out in the statement, over 65 percent have not been adequately protected.

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About 400 children in Upper Volta in Africa have been immunized safely and effectively with live measles vaccine, according to the report of a pilot study carried out recently by the National Institutes of Health. The study was designed to ascertain whether the vaccine, administered safely to some 10,000 children in this country, would be equally safe for the children in West Africa, who live in different environmental conditions. The disease has been reported to kill 25 to 50 percent of the children in Upper Volta during the first few years of life, as compared with 0.01 percent in this country.

The project, undertaken on the request of the Upper Volta Government, is aimed at establishing the clinical safety of the vaccine before considering its large-scale use in developing countries. Vaccinations were begun November 19, and included a 2-week surveillance period that ended January 10. Ranging in age from 7 months to 3 years, the children were without previous history of measles. Serologic tests of blood samples taken prior to vaccination and 4 weeks later showed that 94 percent of the children had actually been susceptible to measles, and all developed antibodies.

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A collection of seven papers on live measles vaccine—recent clinical, laboratory, and epidemiologic findings—is offered in a supplement to the February 1962 issue of the *American Journal of Public Health*, published by the American Public Health Association. Written by epidemiologists of the Public Health Service, research investigators, and pediatric faculty members of several universities, the papers discuss the importance of measles not in "total days disability or number of deaths, but rather . . . human values and . . . the fact that tools are becoming available which promise early control and early eradication." They also evaluate and report on pilot studies carried out with the live attenuated measles vaccine.

Price, $1.50 (with the February journal), from the Association, 1790 Broadway, New York.

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This spring the National Institute of Allergy and Infectious Diseases set up a Board for Vaccine Development composed of four physicians from the Universities of Colorado, North Carolina, and Illinois, and Cornell University, and two research scientists of the Institute. In late April, the Board signed a 1-year contract with Pfizer & Co., Inc., for the development of vaccines against a number of agents that are the major causes of respiratory diseases popularly called the "common cold." This contract is the first of a series that the Board will award to industrial research organizations and universities and other medical centers.

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In mid-April, tests of a vaccine against trachoma were started by the Public Health Service in a pilot study involving 400 children in Indian boarding schools in Phoenix, Ariz. Trachoma is still a major problem in this country only among the Southwest Indians.

Training for MCH

A conference on the teaching of maternal and child health in graduate schools of public health was held in Minneapolis early in March under the joint auspices of the Children's Bureau and the American Public Health Association's Committee on Relationships Between MCH Faculties in Schools of Public Health and MCH and CC Field Services—the MCH and CC standing respectively for "maternal and child health" and "crippled children's" services.

Working papers for the conference were prepared on the basis of questionnaires circulated among the schools of public health and visits to 14 of these schools by representatives of the APHA committee. Among the general topics to come under scrutiny were: current status, trends, and prospects of MCH services; personnel needs; the relationship of MCH to clinical medicine; MCH teaching in the general public health curriculum; teaching of MCH specialists; research needs; and provisions for continuing education. A committee is now preparing a full report of the conference.

In mid-April a report, prepared by a steering committee of MCH faculty members who were participants at the conference, was presented at the annual meeting of the Association of Schools of Public Health in Ann Arbor, Mich., by Dr. Samuel M. Wishik of the University of Pittsburgh. Among other points, it stressed the following:

- As the gap widens between population size and numbers of health workers, health workers and departments will have to make difficult choices among the demands they face and find new ways to increase their efficiency.
- One of the major weaknesses in the MCH field is the scarcity of obstetricians in public health.
- Sound public health administration,

"MCH or otherwise," requires a solid basis in clinical medicine.

- Every school of public health should have on its full-time faculty at least one physician specializing in MCH, paid from regular school funds.
- MCH program content and problems should be used as material to illustrate a wide variety of basic public health concepts.
- A fellowship program tying together public health education and clinical training is needed to attract young physicians to the MCH field.
- The MCH component in the school's curriculum should be divided between didactic and field experience.
- The school should provide sufficient MCH personnel to help strengthen the public health program in the surrounding area and to give interpretations to students in their field-work.
- Methods should be found for providing a full year of school-supervised residency training in MCH after completion of the school program.
- The teaching of MCH should be carried out by a faculty which is strongly interdisciplinary in character.
- Refresher institutes might be offered on a nationally coordinated basis under the joint sponsorship of the schools of public health and field agencies.

At its annual meeting the Association of Schools of Public Health adopted a resolution urging the Children's Bureau to provide financial support for fellowships for 3 or 4 years of MCH training and experience, designed to attract pediatricians or obstetricians into careers in public health.

Guides and Reports

ENDS AND MEANS OF URBAN RENEWAL; papers from the Philadelphia Housing Association's 50th Anniversary Forum. Philadelphia Housing Association, 1717 Sansom Street, Philadelphia 3. 1961. 102 pp. $2. Free to members of the Association.

Presents seven background papers dealing with the human and physical aspects of urban renewal and methods of carrying out a comprehensive urban program; and a synthesis of the discussions and papers from the Forum.

VISION SCREENING IN SCHOOLS; recommendations of the National Society for the Prevention of Blindness. National Society for the Prevention of Blindness, 16 East 40th Street, New York 16. Publication P257. 1961. 12 pp. 10 cents.

These recommendations for a program to identify school children with impaired vision first appeared in *The Sight-Saving Review*, Vol. 31, No. 1, Spring 1961.

SERVICES FOR CHILDREN WITH EMOTIONAL DISTURBANCES: a guide for public health personnel; prepared by the Committee on Child Health of the American Public Health Association. The American Public Health Association, 1790 Broadway, New York 19. 1961. 120 pp. $2.50.

One of a series dealing with services to handicapped children, this guide discusses the symptoms and extent of emotional disturbances in children; their causes and means of prevention; case finding; principles of diagnosis and treatment; the community services, professional personnel, and organization required for providing treatment; and trends in research.

CONCEPTS OF PREVENTION AND CONTROL: THEIR USE IN THE SOCIAL WORK CURRICULUM. Council on Social Work Education, 345 East 46th Street, New York 17. 1961. 32 pp. $1.

A report of a 3-day workshop attended by social work educators and practitioners.

TERMINATION OF PARENTAL RIGHTS. Mildred Arnold and Vallie S. Miller. Children's Division, The American Humane Association, 896 Pennsylvania Street, Denver 3, Colo. 1961. 14 pp. 15 cents. Quantity discounts on request.

Two papers on the safeguards needed to protect the rights of children and parents in termination proceedings and the principles behind these.

EDUCATION FOR SOCIAL WORK; proceedings of the ninth annual program meeting, Council on Social Work Education, Montreal, Canada, February 1–4, 1961. The Council, 345 East 46th Street, New York 17. 1961. 182 pp. $5.

Includes papers reflecting the meeting's emphasis on: (1) restructuring of the social work curriculum; (2) implications for social work education in community planning, development, and organization; and (3) the professional manpower shortage in social work.

ENURESIS. Dr. Barnardo's Homes, National Incorporated Association, 18–26 Stepney Causeway, London, E. 1. 1961. 26 pp. 1 shilling.

Three papers which deal with the causes and effects on children of bed wetting, by staff members of a large children's agency which operates foster care programs in Great Britain.

EIGHTY-EIGHTH ANNUAL FORUM OF THE NATIONAL CONFERENCE ON SOCIAL WELFARE, Minneapolis, Minnesota, May 14–19, 1961.

Samplings of papers delivered at the Forum appear in the following volumes:

The Social Welfare Forum, 1961: official proceedings. Columbia University Press, New York. 1961. 325 pp. $5.

Casework Papers, 1961. Family Service Association of America, 44 East 23rd Street, New York 10. 1961. 149 pp. $2.50.

Community Organization, 1961. Columbia University Press, New York. 1961. 212 pp. $4.

New Perspectives on Group Work: theory, organization, and practice. National Association of Social Workers, 95 Madison Ave., New York 16. 1961. 160 pp. $2.50.

READERS' EXCHANGE

GOLD: *A community problem*

In "A Broad View of Maternity Care" [CHILDREN, March–April 1962], Dr. Edwin M. Gold has challenged us to integrate all of our resources in meeting the multifaceted problems of maternal and infant health and to utilize a team approach which embraces all the medical, health, and social disciplines. His sound proposals should be a stimulus and guide for renewed efforts to mitigate the tragic losses associated with childbearing.

The reduction of perinatal and maternal casualties is a much more complicated problem than the mere acquisition of new knowledge concerning the classic art of obstetrics, than knowing when and how to intervene and when it is best to support the patient without active intervention. These casualties form a sensitive index of the social and economic level of a community. Their impact affects the entire community. Responsibility for the formulation of a community health program to provide a continuity of good medical care, which begins as early in life as possible, cannot be relegated exclusively to any single group of medical workers. Moreover, further progress depends upon wider application of what is now known about obstetric and pediatric care; and this involves an expansion of both professional and lay education on a continuing basis.

Maternal and perinatal mortality rates vary significantly in different communities and among population groups within a given community. Thus, it is necessary to broaden the objectives of modern obstetric care to provide a continuum of care for all females prior to and during the reproductive years, with a view toward promoting and maintaining a general health status that is optimal for childbearing. Since pregnancy inefficiency seems to be concentrated in minority segments of the population, it is important to identify the mothers affected by the greater risk of disproportionate wastage problems and to concentrate available resources upon them. A continuing analysis of maternal and perinatal mortality and morbidity at the local level is helpful in disclosing the high priority risk patients in the community who have the greatest need of intensive workup and care.

Broad areas of research must be encouraged in all basic levels of human reproduction and comparative physiology because new knowledge suggests new clinical approaches. However, the problems of maternal and infant health must be solved ultimately through the coordinated activities of multidisciplinary groups who apply this new knowledge on a continuing basis throughout all segments of the population. Dr. Gold's broadly based program, which embraces the institutions involved in social and economic reform as well as the general health field, should be read by all medical workers.

Robert E. L. Nesbitt, Jr., M.D.
Professor and Chairman, Department of Obstetrics and Gynecology, State University of New York Upstate Medical Center, Syracuse

HOW MANY WILL DIE?

How many children will die this year because their parents thought incorrectly that the youngsters could swim? What can we as social workers, pediatricians, nurses, or whatever, do to help prevent such drownings?

A few years ago I assisted a community agency in interviewing parents about further swimming courses for their children. These parents seemed well balanced and interested in family welfare—they loved their little ones. It was to be expected that out of pride most parents would to some extent exaggerate the aquatic abilty of the children, but it was alarming to note the number of parents that thought their children could swim when they actually could not. Here is what one parent said: "It was silly but we just accepted John's statement that he had learned to swim. Then we let him get into deep water on an outing and he almost drowned—he could barely float."

Each spring since these interviews, I try to inquire casually of parents in my caseload about the swimming plans that they have for their children during the warm weather. Most parents have interpreted the question not as an imposition on their rights but as a friendly sign of interest in their families. Four of the parents I asked indicated that their children, for example, could swim, and would be allowed to go along with peers to "the old swimming hole." But when they stopped to consider the matter, they realized that they had never actually seen their children swim; they checked with the swimming coach and were told that the youngster could just about float and were advised to let them use only a supervised pool. Two other parents felt comfortable about their swim plans and let the children "try their luck" in a lake or river with adults present: both parents reported near drownings.

Harry E. Grob, Jr.
Family Service Agency, Quincy, Illinois

A PLEA FOR HELP

I am preparing a detailed annotated bibliography on the "Multiproblem Family." I am planning to include articles, books, theses, mimeographed material, speeches, and projects on the topic. The following countries will be included: Australia, Canada, England, Holland, and the United States.

I would like to ask the help of readers of CHILDREN in my search for relevant material, in the form of reading lists, reports, project outlines, reprints, thesis abstracts, and other items on the multiproblem family for inclusion in the bibliography. I will, of course, pay for any of the material sent me for which a price is given.

This "annotated bibliography" will be published by the University of Toronto Press early in 1963.

Benjamin Schlesinger
Assistant Professor, School of Social Work, University of Toronto

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U.S. GOVERNMENT PRINTING OFFICE: 1962

SOME U.S. GOVERNMENT PUBLICATIONS FOR PROFESSIONAL WORKERS

Publications for which prices are quoted are for sale by the Superintendent of Documents, U.S. Government Printing Office, Washington 25, D.C. Orders should be accompanied by payment. Twenty-five percent discount on quantities of 100 or more.

YOUR CHILD FROM 1 TO 6. Department of Health, Education, and Welfare, Social Security Administration, Children's Bureau. CB Publication No. 30. 1962. 98 pp. 20 cents.

An entirely new edition of a publication that has been revised and rewritten periodically since it first appeared in 1918 to help parents understand how these children grow and how they can help them develop their potentials. The pamphlet presents a short overview of the preschool years, when a "child changes more than in any other 5 years," and devotes a chapter each to children of 1 to 3 years; 3- and 4-year-olds; 5-year-olds; special problems—such as moving or going to the hospital; keeping the child healthy; when a child is sick; and emergencies.

RESEARCH RELATING TO CHILDREN, Bulletin no. 14. Department of Health, Education, and Welfare, Social Security Administration, Children's Bureau, February–September 1961. 1962. 132 pp. $1.

This bulletin, like previous issues, includes reports of research in progress or very recently completed, in such areas as: growth and development; personality and adjustment; the educational process; exceptional children; the child in the family; social, economic, and cultural influences; health services and surveys; and social services and surveys. Only projects reported to the Clearinghouse for Research in Child Life during the designated period are included.

BLIND CHILDREN; degree of vision, mode of reading. John Walker Jones. Department of Health, Education, and Welfare, Office of Education. OE Publication No. 35026. 1961. 38 pp. 25 cents.

This pamphlet presents descriptive and statistical data regarding 14,125 children in day or residential schools who were registered with the American Printing House for the Blind in January 1960, as "legally blind" (having 20/200 vision or less) showing that less than 25 percent are totally blind. The material throws light on educational classification and placement practices in regard to such children and on the degree of application of the modern theory that legally blind children who are not totally blind should make maximum use of their residual vision by reading print instead of braille whenever possible.

COOPERATIVE RESEARCH: types of tests in Project Talent. John T. Dailey and Marion F. Shaycoft. Department of Health, Education, and Welfare, Office of Education. Cooperative Research Monograph No. 9. 1961. 62 pp. 25 cents.

Especially for the benefit of school personnel planning programs of testing for aptitude and achievement, this monograph presents a brief outline of the history, purpose, development, description, factors measured, uses, and interpretation of standardized aptitude and achievement tests, as represented in the Project Talent. This research project is conducted with the cooperation of several Federal agencies at the University of Pittsburgh, with which the authors are associated.

JUVENILE DELINQUENCY REFERENCES. Department of Health, Education, and Welfare, Social Security Administration, Children's Bureau. 1961. 10 pp. 15 cents.

This annotated list of published material available from the Children's Bureau on juvenile delinquency includes the Facts and Facets Series and publications and article-reprints on community organization and group work; police services; legal and correctional aspects; institutions, detention and aftercare; staff training; and research.

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